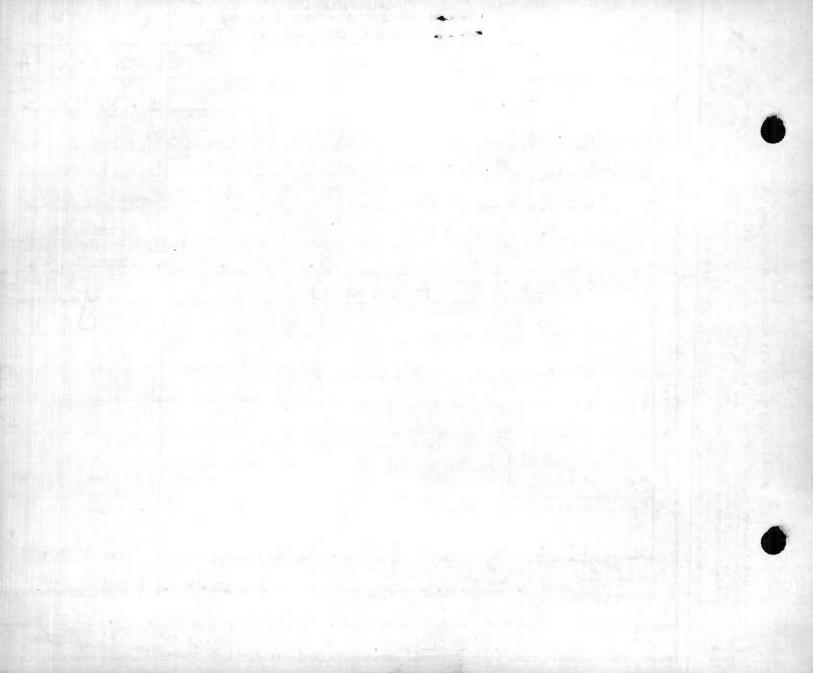
| 4 | | OR ATE GISTRAR | | | | STAT MENT OF I | EALTH | | ENTAL | 440 | | REG. N | 3 0 | j | j j | 6 |
|--|---------------|--|--|---|-----------------|------------------------|---------------|---------------------|---------------|------------------|-----------------|--------------|----------------|---------------------------|----------------------------|-------------|
| W | | ASED NAME | | m | MIDDLE | | 71 (| LAST | | 2 | o. DATE & | (NOWN ESTI- | □ MONH | DAY | YEAR C | Zh HOUR |
| CTCAS | 3 SEX | 1 | Oscar I. RACE | Thon S. DATE OF BIRTH | | 6. AGE IN YEA | | DER 1 YR. | IF UNDER | | DEATH C DATE | | MONTH | DAY | 9 SI YEAR | 2d HOUR |
| 35 BE | Ma. | | White | Dec. 9, 1 | | 72 YR | . moin | HS DAYS | Hours | MIN. P | RONOUN | | v. 24 | , 19 | 81 | 7-M |
| 188 | Sa | HPLACE (STA GN COUNTRY) Lisbury | , Md. | USA | IAT COUN | VTRY? | MARR WIDOW | IED NE | VER MARR | SIED L | | OMICO | OR COUN | ITY OF DE | EATH | MD. |
| S S S S S S S S S S S S S S S S S S S | Pit | or town o | le | | Fri | endship | Roa | | MOIT | For M | OST OF WORK | ATION (TO | YPE OF WORK | 12b. KINI OR I Farm | D OF BUS INDUSTR ing | SINESS Y |
| AND S | 13a. STA | residence (i yland | IF IN NURSING HOME OF THE COUNTY | DROTHER INSTITUTION, GIV NICO | | ORTOWN | N) | 13d. INSIDE C | ITY LIMITS? | 13e. STRE 502 | et Addres | s Str | eet | | | |
| PAGES 1, 2, ORM PM 3. ORM PM 3. ORM PM 3. ORM OF SERVICE OR OF SERVICE O | 14. FAT | HER'S NAME FIRST ONN | W. | MIDDLE AC | kins | LAST | | Bert | ER'S MAID | ENNAME | AII | DDLE | Hun | ting | ton | |
| 8. GIVE PAGES WITH FORM P IT. PAGES I DIVISION OF | NO NO | S DECEASED NO, OR UNKNOV | EVER IN U.S. AR/ | MED FORCES? WAR OR DATES) | | -30-797 | | Mr. | - | (son) ard L. | | | SFrie Pitts | | | |
| HOULD BE EXECUTED WITHIN 24 HOUS PENDINGS" IN FENCIL IN ITEM 18, HIFF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEATH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. | | gave rise cause (a) s lying caus | s, if any, which to immediate stating the <u>under-</u> e last. | (b) | AS A CON | NSEQUENCE C | F | E OR CONOITIO | N GIYEN IN PA | ART 1 (a) | | , | | 3 | | |
| CHIEF AND | CERTIFICATION | 90. DATE OF | OPERATION | 19b. CONDIT | ION FOR | WHICH OPER | ATION W | AS PERFOR | MED? | | | | | | TOPSY? | NO D |
| ATE, WRITING THE WORD " WANARDED TO THE CHIEF RE PAGE 3 SHOULD BE USE! RE STATE DEPARTMENT OF HE LD, 21201 PRIOR TO BURIAL LD, 21201 PRIOR TO BURIAL | | INDERLYING | CAUSE WAS OR G CAUSE OF I | 21b. TIME OF HOUR A.M. DEATH P.M. | | DAY YEAR | 21c. HC | OW INJURY | OCCURRE | ED (ENTER NA | ATURE OF INJU | RY IN ITEM 1 | 8 PART I OR PA | | | |
| WRITING ARDED AGE 3 SH ATE DEP/ | MEDICAL | MHILE | NOT WHILE C | 21e PLACE C STREET, FACTO | | | | CATION | | | CITY OR TOW | N | cc | DUNTY | | STATE |
| CECUTE THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CECTO | E (| 22a. 1 certify death resulted CTUAL IGNATURE XAMINER'S N | o that I took charged | ge al the remains described and causes | Accident M.D | , Sui | | Homic TITLE (S D De | puty 409 | Undeter MEDIC | ALEXAMI | nner | DATE SIGN | _{ED} 11/ | /24, Ma | /81 |
| BP | (SPE | ial CREMAT | ION, REMOVAL 2 | 11/27/81 | | NAME OF CEM pringhi | | | | lens S | RTOWN | - עיווג | Wic. | | sta | |
| | | LOWAY | | HOME, Sal | | | | | 250. DATE | REC'D. BY | 1981 | 25b REC | GISTRARS | SIGNAM | Tarth | iv. |



| 80 | | | FOR STATE | | | | MENT OF | | ND MENTAL | | | 3 | U | 5 | 1 |
|--|---|-----------------|---------------------------------|--|--------------------------------------|------------------------------------|---|-----------------------|-----------------------|---------------|------------------------------|---------------|---------------|-------------------------------------|-------------|
| | | | REGISTRAR | | 1 | MEDICAL | EXAMIN | ER'S CER | RTIFICATE | OF DEAT | TH | REG. NO |). | | |
| Wale | - SD == | | E OR PRINT) | FIRST ALL | EN | MIDDLE | AT | IGBURN | Ĭ | 2- | | STI- | | 13-81 | 11:26 M |
| A DO | 5 | 3. SEX | 4 | RACE | 5. DATE OF BI | RTH | & AGE (IN YE | ARS IF UNDER | | | c. DATE | | HTMOM | DAY YEAR | 2d. HOUR |
| 98.6 | Tis | Ma | ale | AA | | 2 20 | 61 YE | | DAYS HOURS | MIN. P | RONOUNCE | 1 | 1-13 | -81,9 | 11 M |
| | 脚 力D | 7a BJ | RTHPLACE (STA | AND IN A | 76. CITIZEN O | I. S. G | TRY? | 8. MARRIED WIDOWED | □ NEVER MAI | RRIED . | | icom: | _ | OF DEATH | MD. |
| y DELAY IS 33TO THE | | 10. ČI | Salis | | 11. NAME OF | HOSPITAL, NU | RSING HOME STREET ADDRESS) Genera | OR OTHER | epital | FOR MA | AL OCCUPAT PST OF FORKING | TION (TYPE | | 26 KIND OF BU OR INDUST | ISINESS |
| 21201 ANY DE AND 3 TO PETAIN | OE SHOULD BE FINE OF THE CORDS, 2 | USU A 13a. S | L RESIDENCE (| - V A | | ON. GIVE RESIDENCE | | ONI | INSIDE CITY LIMITS? | 13e STRE | ET ADDRESS | | gean | t St. | |
| DEATH. IF | 2025 TATA | 14. FA | THER'S NAME | 11 | MIDDLE | www. | LAST | | MOTHER'S MAI | | MIDDI | | | LAST | |
| ALTIMORE, AFTER DEAT | PAGES I DIVISION OF | 16a. V | AS DECEASED | EVER IN U.S. ARM | MED FORCES? VAR OR DATES) | | 3-20- | | INFORMANT PAREL | Hines | | ADDRESS | Dann | ional 5 | + |
| # WOE | T PERMIT. P. YGIENE. DIV | | IB CAUSE OF PART I DEA | DEATH (Enter only | y one couse pe BY: E CAUSE (o) | | nary (| 200 | | | | | | APPROXIMAT BETWEEN ONSE SUCCE | T AND DEATH |
| PRESTO THIN 24 THI IN THE | RANSIT RE NTAL HYGIE | | | os, if ony, which | |), OR AS A COI | NSEQUENCE (| OF | | | = 843 | | | | |
| 201 W. P | 200 | | | to immediate stating the <u>under-</u> e lost. | DUE TO |), OR AS A CO | NSEQUENCE (| OF | | | | | | | |
| CORDS, SE EXEC ADING | AS A BURIAL ALTH AND M CREMATION, | NO | PART 2 OTHER SIG | NIFICANT CONDITIONS C | ONTRIRUTING TO O | DEATH BUT NOT REL | ATED TO THE TERM | INAL DISEASE OR | CONDITION GIVEN IN | PART 1 (a). | 7.1 | | | | |
| MALEE HOULD HEE M | SE X SO | CERTIFICATION | 19a. DATE OF C | OPERATION | 19b. CO | ONDITION FOR | WHICH OPER | ATION WAS I | PERFORMED? | - 7 | | | | 20 AUTOPSY YES [] | NO. |
| DIVISION OF VITAL S CERTIFICATE SHOU RETING THE WORD." | E3 SHOULD BE DEPARTMENT IF PRIOR TO BUR | AL CERT | 21a EXTERNAL UNDERLYING | | HOUR | AÉ OF INJURY A.M. MONTH P.M. | DAY YEAR | 21c. HOW | INJURY OCCUR | RED LENTER NA | ATURE OF INJURY | IN ITEM 18 PA | ART I OR PART | | ,,,,,, |
| DIVISIO HIS CERTS WRITING | PAGE 3 SH STATE DEPA 21203 PRIC | MEDICAL | 21d INJURY O | | 21e PLA | ACE OF INJURY | (AT HOME. | 21f. LOCAT STREE | | | CITY OR TOWN | | COUN | NTY | STATE |
| MINER: T | 2 2 2 2 3 3 3 | | 22a I certify death resulted | that I took charge | of the remain | | | Autopsy icide , | , Inspect | Undeter | Inquiry C | | d in my opir | nion | |
| AL EXA | AL DIRECT TH, WITH E, MARYU | | ACTUAL SIGNATURE_ | To. | 6 | | | M.D | TITLE (SPECIFY) Deput | MEDIO | CAL EXAMIN | IER | DATE | 11-16 | -81 |
| MEDIC ECUTE D | TO FUNERAL DATE OF THE BALTIMORE, M | | EXAMINER'S N (TYPE OR PRIN | AME Earl | L. K | oyer, | M.D. | ADI | DRESS 409 | | | | | sbury, | |
| 2 % a | 544 | 23a. B | BURIAL PRIMATE | ION, REMOVAL 23 | 16. DATE | | NAME OF CEA | METERY OR CI | REMATORY | 23d. LOC | hila | | Phil | A P. | SATE P |
| DHA (VR A1: | AH - 17 5 ME (5)) | | neral direct | or Stewar | rt, Så | | | | 25a. DAT | OV 19 | 1981 | 25h REGIS | STRAP'S SIC | GNATURE CANTAIL | len |
| 15N | A 2/80 | | | | | | | | | | | | | | |

.bl .radio. no demers a milita

may be

requires that the death certificate be executed within 24 hours after death, Page 4

| | | | | | E OF MARYLAND | 9 1 | 3 1 | 3 | 5 8 |
|----------|---------------|-----------------------------|--|---------------------|--------------------------------|---------------------------|---|--------------|--------------|
| | - S | OR TATE | DEI | | HEALTH AND MENTAL HY | GIENE O 1 | 0 0 | | |
| 7 | | EGISTRAR | | CEKIII | ICATE OF DEATH | REG. N | 0. | | |
| | 1. DECEA | ASED NAME FIRST | MIDDLE | | LAST | 20 DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| 338 | | Isabe | 1 B. | BI | ANKUS | AJOVEMA | 1K 21 | 1901 | 100 |
| 1 | 3. SEX | | 4 RACE | 5. DATE | | 6. AGE (IN YEARS LAST BIR | THDAY) IF U | NDER I VEAR | IF UNDER 24 |
| () | Fen | nale | White | Feb | | 64 | MONT | HS DAYS | HOURS |
| 1/11 | 7a BIRTH | IPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | VTRY? 8. | _ | 9. BALTIMORE CITY C | YRS. | DEATH | |
| 516 | | mington, D | el. USA | MARRIE | D NEVER MARRIED DIVORCED | Wicomic | | | |
| 04 | 10 CITY | OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | IURSING HOME | | 12ª USUAL OCCUPAT | | 2b KIND O | F RUSINESS |
| 20 | Sa1 | isbury | Peninsula | GODONOS) | Wognital | TYPE OF WORK FOR MOST C | F WORKING LIFE) | NDUSTRY | 1 00311423. |
| a p | | | OR OTHER INSTITUTION GIVE RESIDENCE JINTY 13c. CITY OF | BEFORE ADMISSIONS | L HOSPICAL | Housew | ite | | _ |
| 4// | | | | | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | |
| 5/4 | | aware New | Castle Wiln | nington | | 2212 Am | herst | Road | |
| あっ | 13 FAIR | FIRST | MIDDLE | st | 15. MOTHER'S MAIDEN NA | WIDDIE | | LAS1 | |
| 200 | | Victor | P. Brer | | Edna | | L. | ynch | |
| dico | | DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL | SECURITY NO. | 17 INFO (daught | er) ADDRE | 2244 Ir | wood | Roa |
| a B | No | | 222-0 | 7-5848 | Carolyn B. | | ilming | ton. | Del. |
| # | 18 | CAUSE OF DEATH Enter of | only one couse per line for (a), (| b), and (c) | 0 | | | | MATE INTERVA |
| even | | PART I. DEATH WAS CAUS | ATE CAUSE (O) ASP | ration | Preumani | a | | 4 | Paux |
| afic | 2 | 5070 | DUE TO, OR AS A CON | SEQUENCE OF | | | | | 0 |
| E S | 0 | onditions, if ony, which | (16) Drag | mis h | Brain Syni | lone- | 11 - 5 | 410 | 25 |
| er tre | 9 | ove rise to immediate | DUE TO, OR AS A CONS | | | | | 10- | |
| ŧ o | | nderlying couse lost. | DOE TO, OR AS A CON. | SEQUENCE OF | | | | | |
| y, or | PA | ART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | G TO DEATH BUT | NOT RELATED TO THE TERM | AIN AL DISEASE OR CON | OITION GIVEN I | N PART 1 | |
| io io | O | | | | | The block of con- | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | T AKT 110 | |
| ony | CERTIFICATION | DATE OF OPERATION | 196. CONDITION FOR W | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WE | | |
| OWS | E | | | | | YES NOT | IN CERTIFY INC | | OF DEATH? |
| 80 | ₩ 210 | L ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21c. HOW INJURY OCCUR | 1.00 | | , | 110 |
| E / | A OF | CONTRIBUTING CAUSE OF DI | | DAY YEAR | | | | | |
| T To | <u> </u> | I. INJURY OCCURRED | 21e. PLACE OF INJURY | | 21f LOCATION | | | | |
| pe | Z N | MILE NOT WHILE WORK | (AT HOME STREET, FACTORY, O | OFFICE, FARM, ETC) | STREET | CITY OR TO | AN C | COUNTY | STATI |
| mar | | | and and an all and a second | rom. Oc | r. 28, 10 51 | 4/5 / | | Se e | |
| 12. | 122 | sow the deceased alive a | n Now. 22 | and the | ed that in (max) (our) opinion | | , 19_ | <u>8</u> , 1 | hot N (we) |
| a 2 | 221 | obove, N) (we) (did) (did n | on view the body after death. | , 01 | | deom occurred on the do | | | |
| H He | 120 | DOR W | A - | ne. O | DEGREE ATTENDING | MEDICAL STAF | | 22c DATE S | SIGNED |
| ž- | | (eller) 1.1 | Restra, | MO | PHYSICIAN (| DIRECTOR PHYSIC | IAN | 11/2 | 13/8 |
| RIA | 226 | PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e ADDRESS | | | | |
| MPORTANT | | Allen W | TUSTIN | | 209 Mars | sland Ave. | SAUSE | IPV B | 10 24 |
| ≤ | 23a. BURI | AL, CREMATION, REMOVA | L 23b. DATE | 23c. NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | 4.2.0/31 | the tell | 5.10 |
| | Cre | emation | 11/24/81 | Hockess | in Cremato | CO. HOC | | UNTY | STATE |
| | 24 FUNE | RAL DIRECTOR | | | 25a. DA1 | TE REC'D. BY REGISTRAR | kessin | SIGNATE | Del |
| | HOL | LOWAY FUNER | AL HOME, São | Tisbury | Md. M | 01/2/11091 | Zance | Yan | Varthe |

DHMH - 16 50M 1/B (VRA 15, 4)

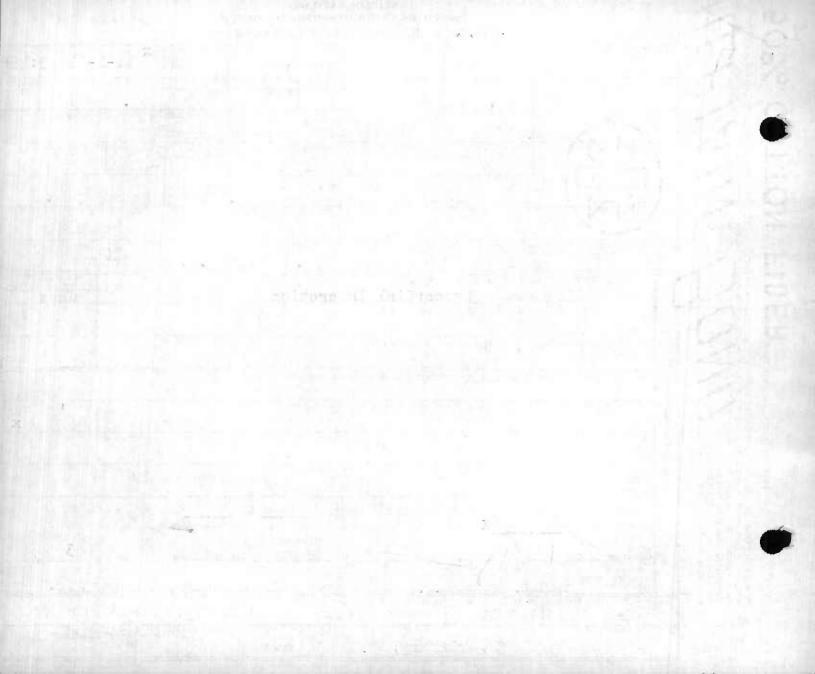
BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

AND WEST STREET, SANDER STREET, STREET Salisbury Peningula Ceneral Hospital

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) NORMAN WINDSOR DEATH MATED BAILEY 4 HACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER TYR IF UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAY) PRONOUNCED 11 5,1925 1081 DEAD Nov. Male White Jan. 5 GYRS 7b. CITIZEN OF WHAT COUNTRY? BRITHPLACE ISTATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Salisbury, USA DIVORCED X WICOMICO Md WIDOWED [10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FIGORG WITH FORM PM 3. RETAIN PAGE PERMIT, PAGES 1 AND 2 SHOULD BE FILED GIENE, DIVISION OF VITAL RECORDS, 201 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Machinic -Truck Peninsula General Hospital Disel Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Rt. 3, Oak Grove Apts. 13c. CITY OR TOWN Tad. INSIDE CITY LIMITS? Wicomico Delmar Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hastings Bailey Beatrice Lee Herman 166 SOCIAL SECURITY NO. 17. INFORMANT same as 13 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Mrs. Bonnie J.B. Nibblett(daughter) 219-14-3364 Yes WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) MEDICAL EXAMINER ALONG W HIET MEET A BURIAL - TRANSILL TOUR USED AS A BURIAL - TRANSILL HYGIENE, OF HEALTH AND MENTAL HYGIENE, CONTRACTION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Myocardial Infarction davs IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISLASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORLD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK InspectionX 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from Accident Homicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME 409 Camden Ave, Salisbury, Md. Rover. M.D ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial salisbury, Wicomico, Maryland Parsons Cemetery 11/4/81 BP 250. DATE REC'D, BY REGISTRAR 136 REGISTRAR & SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** HOLLOWAY FUNERAL HOME, Salisbury, Md. NOV (VR A15 ME (5)

15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | 20 DATE OF DEATH MONTH | DAY | YEAR | 2b. HOU | R |
|----|--------------------------------|---------|--------|----------|--------|
| | November . | 22 | 81 | 09 | Sa. |
| | 6 AGE [IN YEARS LAST BIRTHDAY] | IF UNDE | RIYEAR | IF UNDER | 24 HR5 |
| | 42 YRS. | MONTHS | DAYS | HOURS | M IN. |
| 27 | 9 BALTIMORE CITY OR COUNT | Y OF DE | ATH | | |

- STATE

3. SEX

REGISTRAR 1 DECEASED NAME (TYPE OR PRINT)

> 4 RACE C.

FEBLII, 1939 EAR

LISBURY

76. CITIZEN OF WHAT COUNTRY? U.S.A.

MARRIED NEVER MARRIED WIDOWED

Wicomico

10 CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Peninsula General Hospital 12a. USUAL OCCUPATION

12b. KIND OF BUSINESS OR INDUSTRY

Salisbury

13d. INSIDE CITY LIMITS? YES T NO 15 MOTHER'S MAIDEN NAME

MARGARET

LAST

14 FATHER'S NAME HOWARD

MD.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY:

166 SOCIAL SECURITY NO.

17 INFORMANT

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR THE DOWN) (IF YES, GIVE WAR OR DATES)

terman

214-36-5292

MRS MARGARET BARKLEY

13e STREET ADDRESS

GUNTER

EDEN, MD.

IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate cause (a), stating

underlying cause

iver Failure

DUE TO, OR AS A CONSEQUENCE OF

NEBR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

ION FOR WHICH OPERATION WAS PERFORMED

| 190 DA | TE OF OPERATION |
|---------|----------------------|
| 1 | 10/01 |
| | 18/06 |
| 21a. AC | IDENT WAS UNDERLYING |

200 AUTOPSY? NO

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

NOT WHILE

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC) 21f. LOCATION

COUNTY CITY OF TOWN

220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an 11 21 19 sow the deceased alive an abave (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE

DEGREE

and that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated 22c. DALE SIGNED STAFF

81

mi

22e ADDRESS

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

MEDICAL

BP.

CERTIFICATION

MEDICAL

28/81

23c. NAME OF CEMETERY OR CREMATORY FLOWER HILL CEM.

CITY OF THE COUNTY

BURTEL 24 FUNERAL DIRECTOR

WILSON FUNERAL HOME. PRINCESS ANNE. ND

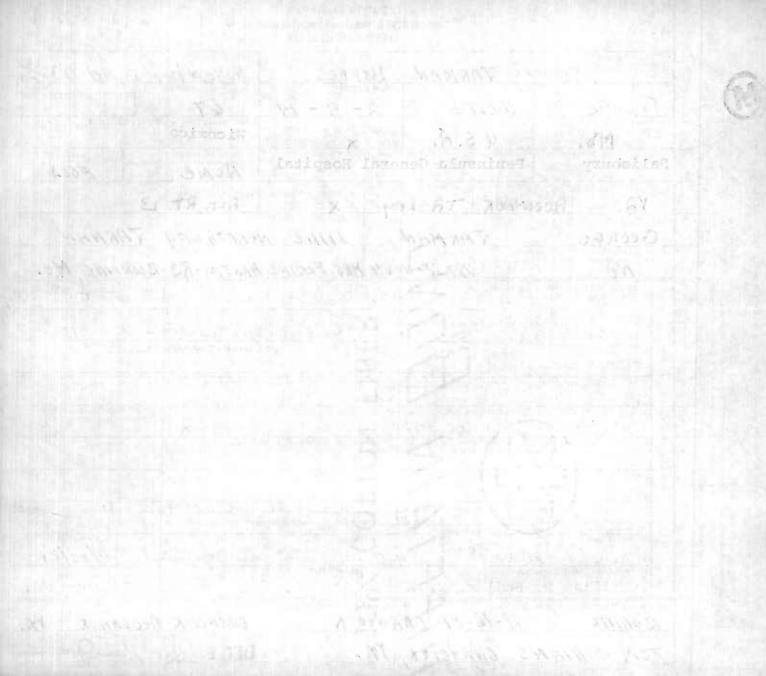
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

The state of the s W.com.co Salisbury | Deminsula Camerni Morpital Branch Blagger 18/cs/19 1 18/cs/11

| 3. SE | ECEASED NAME FIRST FROM X | es TARMAN BO | irnes | REG. NO 20 DATE OF DEATH | MONTH DAY YEAR | 26 HOUR |
|---------------|---|--|---|--|---|--------------------------------------|
| 70. BI | | | irnes | Novemb | on 14 1981 | 1112 |
| 70. BI | | | OF RIRTH | & AGE (IN YEARS LAST BIRT | THDAY) BUNDER I YE | EAR JE LINDER 2.4 |
| | -emale | Ulbite 2 | H - 9 - 14 | 67 | YRS DA | |
| 25 | SIRTHPLACE (STATE OR FOREIGN COUNTRY) | | D NEVER MARRIED | BALTIMORE CITY OF | R COUNTY OF DEATH | 1 |
| | alisbury | 11. NAME OF HOSPITAL, NURSING HOME OF PENINSULA INCIDENCE. | OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | | D OF BUSINESS |
| 3 13a. S | YA. Acc | OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATY OMNCK TRSLEY | YES NO | 13e STREET ADDRESS | . 13 | X= 1112 |
| 010 | George | TARMAN | LILIE N | PERRY WAS ADDRE | TARN | AN |
| | | MED FORCES? 166 SOCIAL SECURITY NO. 227-20-4064 | MRS. ELAINE | | ~~ | |
| | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) | ly one cause per line for (a), (b), and (c).) D BY: | | | BETWE | ROAMATÉ INTERVAL EN ONSET AND DEA |
| | 142GA O IMMEDIAT | E CAUSE (a) Cardiac | | | | bhrs. |
| | Conditions, if ony, which | DUE TO, OR AS A CONSEQUENCE OF (b) Ceneralized | arteriosclere | | | yrs. |
| | gave rise to immediate couse (a), stating the underlying cause lost | DUE TO, OR AS A CONSEQUENCE OF | vos | cular dise | ase | |
| NO | PART 2 OTHER SIGNIFICANT C | CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR COND | DITION GIVEN IN PART | 100 |
| CERTIFICATION | 190. DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION Cholecyst tos | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WERE FIN IN CERTIFYING CAUS YES | |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 216. TIME OF INJURY | 21c HOW INJURY OCCURR | | | |
| MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | | 20 106171011 | | | |
| WEL | WHILE NOT WHILE AT WORK | (AT HOME, STREET FACTORY, OFFICE FARM ETC.) | 211 LOCATION STREET | CITY OF TOV | WN COUNTY | STAT |
| | | tol) attended the deceased from | it/5 , 19 Kl nd that in (my) (aur) opinion d | eoth occurred on the do | te and hour and from | , that (1) (we the couses state |
| | 22b. SIGNATURE | | DEGREE | | | ATE SIGNED |
| _ | 22d PHYSICIAN'S NAME LIVE OF | der mo | ATTENDING PHYSICIAN 220 ADDRESS | MEDICAL STAF | IAN | 23/81 |
| | | Sadler, M.D. | 1300 S. Di | vision St | .,Salisb | ury,Md |
| | | | R . | | | |
| 73a B | BURIAL, CREMATION, REMOVAL | 1 | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | STAT |
| 1 | | 23b. DATE 23c NAME OF C | | ONANCOCK | ACCOMAC 25b. REGISTRAR'S SIGN | t V |

STATE OF MARYLAND



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH 25 HOUR NOVEMSEM 6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 13e STREET ADDRESS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL 21 PHYSICIAN PI DIRECTOR PHYSICIAN SALISBURY 23d LOCATION BP. DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

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| 100 | I DE | ECEASED NAME FIRST | MIDDLE | LAST | REG. NO. 70. DATE OF DEATH MONTH DAY YEAR 75 HO |
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| | | ALE | WHITE | NOV. 28, 1981 | YRS. 4 |
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| 10 | 1.0 C | TITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | NG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION 126 KIND OF BUSIN |
| 00 | Sa | alisbury | Peninsula Ge | neral Hospital | TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY |
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| ib) | | | MICO SALIS | BURY 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS |
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| DA | | BOB. BEST | WIDDLE | NANCY B. | A I T.H.Y MIDDLE LAST |
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

The second of th Dart, St. Follows THE REPORT OF THE PARTY OF THE Salisbury Peninsula Conoral Hospital A CONTRACT TO STATE OF THE PARTY OF THE PART Total Motor . and . PARTIES AND STATE OF SALLES AND THE RESERVE OF THE PARTY OF ALTERNATION OF THE PROPERTY OF DEG : BEG STORES STORES

requires that the death certificate be executed within 24 hours after death. Pag-

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direat should be detoched for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 having with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

| | STATE OF MARYLAND | 0 | eug | 2000 | - 30 |
|-----------|---|--------|-----|------|------|
| FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 1 | 5 | U | 0 |
| REGISTRAR | CERTIFICATE OF DEATH | REG NO | | | |

| | 1 - | STATE REGISTRAR | DEPARTM | NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | | 30304 |
|------|---------------|---|--|---|--------------------------|---|
| | | CEASED NAME PAUL | MACTIN BY | ittingham | REG. No. | MONTH DAY YEAR 26 HOUR 55 |
| 3 | SEX | MALE | White | S. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS. |
| La | 1 | STATE OF FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | Wicom | 7*16 |
| 10 | S | | Peninsula Gene | eral Hospital | BURNETT- | on 126 kind of Business or Industry Co. |
| G | 30. S | Ary LAND WICE | omico SALISTI | ADMISSION) 13d. INSIDE CITY LIMITS? YES NO S 15 MOTHER'S MAIDEN NAI | ME (| gency Dr. |
| 26 | so W | LEROY VAS DECEASED EVER IN U.S. AR. | MED FORCES? 1166. SOCIAL SECUS | 19 han DELI | ADDRE | OLIPHANT |
| 1 | (4 | 4es 1942 | WAR OR DATES) 227-07- | -4262 Doris M | Britting | ham See Sec 13 |
| | No | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C | DUE TO, OR AS A CONSEQUED (c) CONDITIONS CONTRIBUTING TO D | NCE OF | inal disease or coni | DITION GIVEN IN PART 1(0) |
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| 1000 | SAL | 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | HOUR A.M. MONTH DA | 19 21f LOCATION | | Y IN ITEM 18. PART 1 OR PART 2) |
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| | | 226. SIGNATURE WB 226. PHYSICIAN'S NAME (11/6/4) | loves MD | | MEDICAL STAF | 22c. DATE SIGNED 11/5/8/ |
| 1 | | BenH | ornen | Kay Ave. | SALIS 60 | ny, Md. 2180 |
| 23 | 30. Bl | BUNIAL | 11/8/1981 W/ | COMICO MEMPR | 23d LOCATION SHY OR JOWN | SIN YOUR |

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BUNIAL 24 FUNERAL DIRECTOR P BAKEN + P Bound

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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| 9 | to | 1, | STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 3 0 3 | 6 5 |
|---------------------------|--|---------------|---|-----------------------------------|
| | | I. DI | REGISTRAR CERTIFICATE OF DEATH REG. NO. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR | 12b HOUR |
| | (NA) | 3. SE | George Rex BROMEY NOVEMBER 15, 1981 | 12 P N |
| | | | Male White 7-24-1900 81 YRS. MONTHS DAYS | HOURS MIN. |
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| | PO PO | 10 0 | CITY OWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | OF BUSINESS OR |
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| | within within d 2 sho | 14 F | FATHER'S NAME FIRST MIDDLE | 51, |
| | n and comp Pages 1 an | | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR INKNOWN) (IF YES, GIVE WAR OR DATES) | <u> </u> |
| Designation of the second | te b | - | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | IMATE INTERVAL ONSET AND DEATH |
| 7 | 9 00 9 | 1 | IMMEDIATE CAUSE (0) CAVATOGOUE Short | |
| | e deat | | Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF LOCAL PLANT OF | |
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| | PHYs this the bund W | MEDICAL | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY | STATE |
| | 0 a . 9 0 E | | 270.1 certify that (I) (this hospital) attended the deceased from | |
| | OR Che | | 226. SIGNATURE DEGREE 1C (ATTENDING - MEDICAL STAFF | |
| | PITA by Stor | | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS | 3) 111 [|
| | TO FUN should b | 230 | BURIAL, CREMATION, REMOVAL 236, DATE 236 NAME OF CEMETER PORTER MALERY 23d, LOCATION | Sound L |
| | BP | 24 F | Byris 11-17-81 Whatevat Meth Super Hill Mary 5 FUNEBAL DIRECTOR 11-17-81 Whatevat Meth Super Registrar 250, REGISTER'S SIGNATION 250, DATE REC'D. BY REGISTER'S SIGNATION 1250, DATE REC'D. BY REC'D. BY REGISTER'S SIGNATION 1250, DATE REC'D. BY REC'D. BY REGISTER'S SIGNATION 1250, DATE REC'D. BY REGISTER'S SIGNATION 1250, DATE REC'D. BY REGISTER'S SIGNATION 1250, DATE REC'D. BY REC'D. | MI SATE |
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FOR

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

Russell A Fooks 725 Riverside Dr. bir

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNADAR

22c. DATE SIGNED

COUNTY

STATE

MdAF

2h HOUR

4:15p

12b. KIND OF BUSINESS OR

INDUSTRY

7.9 7 4161 hz no 72919 330 de. lico ellebor, y enrial 11-07-11 iron cone ic. A soliceor 1100 Tuescall ... 100ks 725 signessis @ T. ...

BP.

DHMH-16 50M 1/BI (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumotic event, the

| | , | FOR - STATE | DEPA | | E OF MARYLAND HEALTH AND MENTAL HYG | IENE B | 3 0 | 3 0 | 3 |
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| | | CEASED NAME FIRST | WIDDLE | | LAST | 20 DATE OF DEATH | | YEAR 2b F | HOUR |
| | (TAPE | OR PRINT) WILL | TAM M. | CARI | EY | 1.00 | 11-10 | -81 4: | 45 A |
| | 3. SE | | 4 RACE | 5. DATE | OF BIRTH | 6. AGE (IN YEARS LAST BIR | | | NDER 24 HRS |
| 5 | | М | W | MONT | | | MONTHS | DAYS HOU | JRS MIN |
| | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? 8. | 9-18-01 | 9 BALTIMORE CITY C | PR COUNTY OF DI | EATH | |
| 1 | (| COUNTRY | 1154 | MARRIE | D NEVER MARRIED | and the state of | 118,000 | | 1200 |
| У | 10 CI | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUE | WIDOW SING HOME | | WICOMICO AT | COUNTY | KIND OF BUS | SINESS O |
| 7 | | | (IF NOT IN SUCH FACILITY, GIVE ST | REET ADDRESS) | | (TYPE OF WORK FOR MOST C | F WORKING LIFE) IN | DUSTRY | |
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| 2 | 14 E 4 | MD. WICOM | ICO SALISBU | RY | 15. MOTHER'S MAIDEN NAM | 811 S. I | TATSTON | ST. | |
| H | | FIRST | MIDDLE LAST | | FIRST | MIDDLE | | LAST | |
| 4 | 160.34 | VAS DECEASED EVER IN U.S. AI | CAREY RMED FORCES? 166 SOCIAL SI | CHRITYNIC | SARAH MA | E DAVIS. | e c | | |
| 1 | () | | VE WAR OR DATES) | | | | | 3/17 | |
| ı | | INO | 222-09 | -3494 | CHARLES CA | REY SALI | | MD. | |
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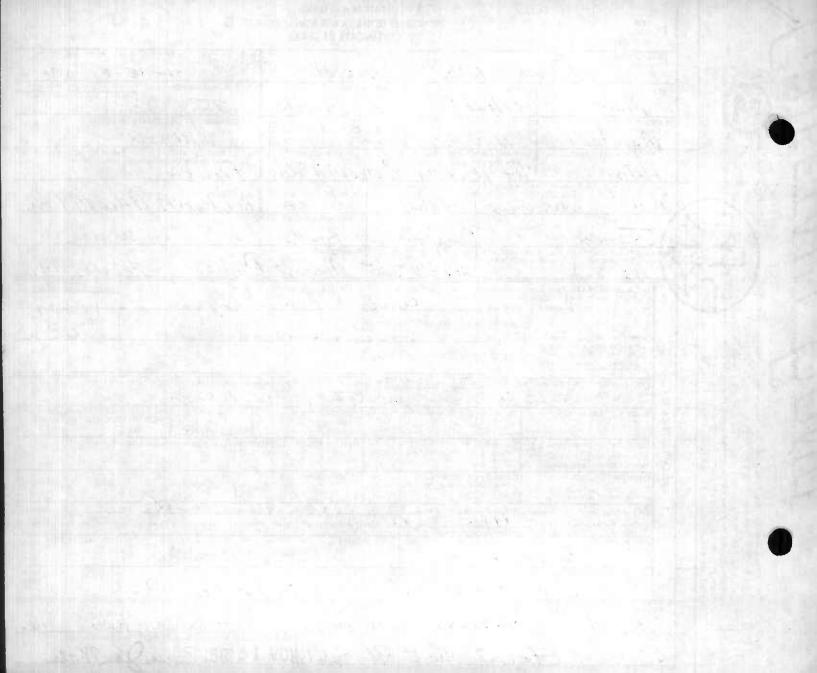
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-8 30P JAMES CROSELL E. 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED Male -81 11 AA 21 6 2 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico WIDOWED [DIVORCED 201 W/ 8. GIVE PAGES 1, 2, AND 3 TO THE FL WITH FORM PM 3. RETAIN PAGE T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF WIAL RECORDS, 201 W ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS eninsula General Hospital OR INDUSTRY Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Wicomico Salisbury 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Catherine St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE R IN U.S. ARMED FORCES? LIFYES GIVE WAR OR DATES! Elizabeth zRyder Salisbury CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: Chronic Pancreatitis. Vears IMMEDIATE CAUSE (a). AND MENTAL HYGIER ATION, OR REMOVAL Gastric Ulcer months Conditions, if ony, which gave rise to immediate couse (a) stating the underlying couse lost Chronic Alcoholism years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? USED 20 AUTOPSY? INER: THIS CENT.
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THE STATE YES NO IX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220. I certify that I taok charge of the remains described above, held on Autopsy and in my opinion Notural couses / Undetermined manner Accident Suicide TITLE (SPECIFY) ACTUAL 11-5-81 Deputy SIGNATURE MEDICAL EXAMINER Earl Royer, M.D. Camden Ave., Salisbury, Md. (TYPE OR PRINT) 230 NAME OF CEMETERY OR CREMATORY
POMOKES CRIMETS 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION CRMRTSLL BOOMER BP. 24 FUNERAL DIRECTOR **DHMH-17** Russell Fooks, Salisbury, Md. (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-ANNA DANIELS P 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE OLL PRONOUNCED 8. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIFFE WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR 1. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 L DIVISION OF WITAL RECORDS, 201 W. PRESTON ST White Female DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Wicomico WIDOWED K DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY HEACHLITY GIVE STREET ADDRESS) Tvaskin USUAL RESIDENCE (IF IN NUR 13e STATE Comico yaskin 13d INSIDE CITY LIMITS? Rt. I. Box 40 Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Daniels Joseph Barbara 17. INFORMANT (daughter) ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO (IF YES, GIVF WAR OR DATES) Eleanor Smith, Canton, N.J. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D VATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic Heart Disease IMMEDIATE CAUSE XXXXXXXXXXXXXXXXX Carcinoma of Right Breast years Canditions, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR OF HEALTH A CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AGENCE DEATH, WITH THE STATE DEPARTMENT OF HE BATEMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES [NO X 71a. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK X 220. I certify that I taak charge of the remains described above, held an Autopsy Natural causes Undetermined manner TITLE (SPECIFY) DATE 11-9-81 ACTUAL Deputy SIGNATURE MEDICAL EXAMINER 409 Camden Ave., Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b DATE Bivalve, Wicomico, burial 11-10,-81 Bivalve Cemetery BP 24. FUNERAL PIRECTOR **DHMH-17** Funeral Home, Bivalve, Md. (VR A15 ME (5)) 15M 2/80

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| be age 3 | | William Otho DAShiel 11-16-81 1194 |
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| and co | 160 V | WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VES, NOTOPPUNKHOWN) (IF YES, GIVE WAR OR DATES) |
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| physicia popers naval. | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTI, DEATH WAS CAUSED BY: |
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| | | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR |
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SALISBURY. MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Salisbury Peninsula Constal Respical - - - -

| be | 1 | FOR | STATE OF MARYLAND | 90991 |
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| | 1- | STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 5 U 4 / 5 |
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| EATH. IF EST, 2, ND 2 SH | 14. F. | ATHER'S NAME Melvin | 15. MOTHER'S MAIDEN NAME | ADDLE West |
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| L RECORDS, 201 W. PRESTON ST., BALTIMORIUD BE EXECUTED WITHIN 24 HOURS AFTER DE SENDING". IN PENGIT IN 1EM IS. GIVE PAGE F. MEDICAL, EXAMINER ALONG WITH FORM ED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AN HEALTH AND MENTAL HYGIENE, DINISION OF L., CREMATION, OR REMOVAL. | | Cauditions, if any, which | ne cause per line far (a), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES |
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| DIVISK BY THIS CERTIFE, WRITING RWARDED 1 PAGE 3 SH STATE DEPA | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY (ATHOME. 211. LOCATION | rlin, Wortester, Ma. |
| TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYTAND, 2 | | 220. I certify that I taak charge of death resulted from: Noviral c ACTUAL SIGNATURE | the remains described above, held an Autapsy , Inspection , Inquiry auses , Accident , Suicide , Hamicide , Undetermined many TITLE (SPECIFY) M.D. Deputy MEDICAL EXAM | DATE 33 30 83 |
| TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIMA | 23o B | EXAMINER'S NAME Earl (TYPE'OR PRINT) URIAL, CREMATION, REMOVAL 236. | ADDRESS. | ve., Salisbury, Md. |
| BP | () | Buria / | 1/12/81 Evergreen Cemetery Berlin | Worcester Md. |
| DHMH - 17 (VR A15 ME (5)) 15M 2/80 | В | urbage Funeral | Home, Berlin, Md. | Granes Jean lather |

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours with a characteristic of contents of the hospital or attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 1-y the luneral eshauld be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled—thin 2 hardwith the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal. | IMPORTANT: If Hem 21 is marked or Hem 18 stars on Injury, or other traumatic event, the medical axamper must be increased in an experience of the contract of |

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| | | FOR | | DEPART | | E OF MARYLAND HEALTH AND MENTAL H | YGIENE & | 3 0 | 371 |
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| t | 3. SE) | X | 4 RACE | lay | 5. DATE | | 6. AGE (IN YEARS LAST BIR | THDAY) IF UNDER I | YEAR IF UNDER 24 HRS |
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| 2 | HYD. | | II | S | WIDOWI | | | mico | MD. |
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| 7 | | | albot | Easton | | YES NO | | Box 611 | |
| 1 | 14 FA | THER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN I | NAME | | LAST |
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| 5 | | VAS DECEASED EVER IN U. | S. ARMED FORCES? | | | 17 INFORMANT | ADDRE | SS | |
| 1 | no | | | 214-42- | 7676 | William | F. Dobson | Easton | , Md. |
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| | | saw the deceosed aliv abave, (1) (we) (did) (d | e on | after death. | , o | nd that in (my) (our) opinio | on death occurred on the de | ate and hour and fran | m the causes stated |
| | | 22b. SIGNATURE | 1.8hre | otha | | DEGREE ATTENDING PHYSICIAN | | F | DATE SIGNED |
| | | 224. PHYSICIAN'S NAME (| TYPE OR PRINT) | | | 22e ADDRESS | | | |
| | | M. | shresth | a M. | D. | Deer's H ea | d Center, Sa | lisbury, N | 4d. 21801 |
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

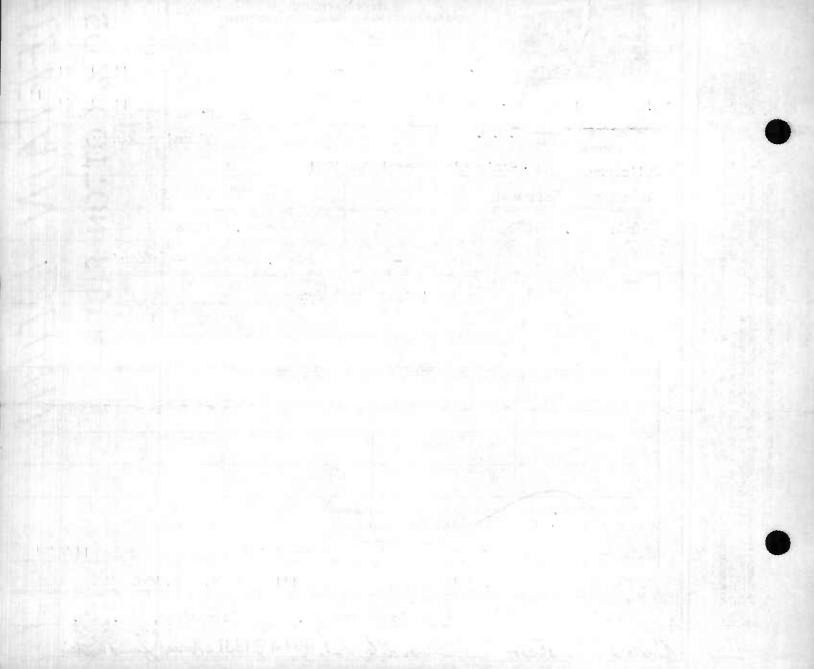
| шн | | | | STATE OF MARYLAN | D | | | 2 6% |
|---------------------------------------|---------------|---|---|--|----------------------------------|--|--------------------|-------------------------------------|
| | 1- | FOR STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND ME CERTIFICATE OF DEA | | | 0 0 | / 3 |
| | 1 DE | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE | REG. NO. | DAY YEAR | 25 HOUR |
| | | Harley | Thomas | Donawa | Α. | | 10,1981 | 545 PM |
| | 3. SE. | X | 4. RACE | 5. DATE OF BIRTH | | (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | | ale | White | May 2, 191 | 4 4 67 | YRS. | MONTHS DAYS | HOURS MIN. |
| e de | √a Bi | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | RARRIED NEVER MAI | 9 BALTI | MORE CITY OR COUNT | Y OF DEATH | |
| 50 | | haleyville, Md. | USA | WIDOWED DIVO | RCED Wic | omico | | MD |
| 80 | Sa | alisbury | | eneral Hospi | LIVRE OF V | ALOCCUPATION WORK FOR MOST OF WORKING L PER & Carpen | LIFE) INDUSTRY | OF BUSINESS OR |
| 35 | 13a S Ma | aryland Wico | | S YES N | o□ Rt. | 1, Box 249, | , Callow | ay Road |
| 9 | 14. FA | ATHER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S M | | MIDDLE | | |
| \$1C | | George Tho | mas Donawa | 4 | orida | | Farlow | |
| l medico | | WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV) | C MAR OR DATES | 2109A Irs. Eth | | away (wife) | same as | 13 |
| ny injury, or other reour | CERTIFICATION | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (Manual 199, DATE OF OPERATION | we thetweet | UENCE OF DEATH BUT NOT RELATED TO THE PERSONNEL STERFORM | resso | | IVEN IN PART 100 | |
| 2 | TIFIC | | | | YES | IN CERT | IFYING CAUSES | |
| 9 | _ | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH | DAY YEAR | RY OCCURRED (ENTE | R NATURE OF INJURY IN ITEM 18 | PART (OR PART, 2) | |
| 5 | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | E. FARM, ETC.) 211 LOCATION STREET | | CITY OR TOWN | COUNTY | STATE |
| 2 1 7 7 T | | sow the deceased alive on above 10 (we) (did)(did no | tol) ottended the deceosed from 1 - 10 19 11) view the body ofter death. | 01 | 19, to ur) opinion death occu | urred on the date and ha | | that (I) (we) lost couses stoted |
| E | N. | 22b. SIGNATURE | Magelin | PHY | ENDING MEDIC YSICIAN DIRECT | AL STAFF OR PHYSICIAN | 11/1 | |
| N N N N N N N N N N N N N N N N N N N | | 22d. PHYSICIAN'S NAME (TYPE O | n TNAGEL | mo Peni | nsu/2 6 | Cen. Hosp | . SAI | 15 BURY |
| 1 | Bi | BURIAL, CREMATION, REMOVAL (SPECIFY) Urial | | NAME OF CEMETERY OR CRE | tery Pit | ctsville, Wi | ic., Mar | yland" |
| 81 | | UNERAL DIRECTOR | ADDRESS | | 25a. DATE REC'D. E | 1001 PARTER 256. REGIS | STRATS SIGNAL | Vaither |
| | H(| ULLOWAY FUNERAL | HOME, Salisbur | y, Maryland | MANATO | 1301 a Papares | 10 years | to det a co |

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

Salishery Reminsula (booked Hospital

| 1 | FOR STATE REGISTRAR | | ARTMENT OF HEALT | MARYLAND TH AND MENTAL HYGIE CERTIFICATE OF DE | ATH REG. NO. | 03/9 |
|-----------------------------|--|---|--|--|---|--------------------------|
| | PECEASED NAME | Calvin Z. | DOLE | Drummond | OF ESTI- DEATH MATED | ITH DAY YEAR 25 HOUR |
| 3,5 | Male B | lack Aug. 25, | YEAR LAST BIRTHDAY) MO | 6 | PRONOUNCED DEAD | 1 1 18 1 1:22 |
| 46 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) PELOUVAIRE CITY OR TOWN OF DEA | 76. CITIZEN OF WHAT | MAR | RIED NEVER MARRIED WED DIVORCED | Wicomico Col | untv. MD |
| XO. | Salisbury | (IF NOT IN SUCH FACILITY | a General Hos | | OR MOST OF WORKING LIFE) | OR INDUSTRY |
| 46 130. | | | ellyville | YES NO I | DOX 605 | |
| | Calvin | W. Drummond IN U.S. ARMED FORCES? 16 | LAST | 15. MOTHER'S MAIDEN NAMED NAME | Evans | LAST |
| 3 160 | (YES, NO. OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) If (Enter anly one couse per line for | b. SOCIAL SECURITY NO. | | ummond - Selbyw | ille, Del. |
| URIAL, CREMATION, OR REMOVA | | ny, which immediate the under- (b) DUE TO, OR AS (c) (C) CONDITIONS CONTRIBUTING TO DEATH BUT N | | | | |
| BURIAL, | 210. EXTERNAL CAUS | | FOR WHICH OPERATION | | | 20 AUTOPSY? YES XX NO □ |
| MEDICAL CERTIFICATION | UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURR | AUSE OF DEATH P.M. 21e PLACE OF IN | ONTH DAY YEAR 19 NJURY (ATHOME, 21f. L | OCATION STREET | ER NATURE OF INJURY IN ITEM 18 PART 1 O | COUNTY STATE |
| BATIMORE, MARYLAND, 2120 | AT WORK AT WO | | d above field an Auto | | | y opinian |



| | | | | STATE OF MARYLAND | | |
|---|---------------|--|--|---|---|--|
| | 1- | FOR STATE REGISTRAR | DEPARTA | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 0 0 0 0 |
| 6 | | OR PRINT) | MIDDLE | LAST | 20 DATE OF DEATH MONTH D | AY YEAR 2b HOUR |
| od y | | GEORG | e HENRY | DUPONT | NOVEMBER 3 | 80 1981 9 A. M |
| e e | 3. SE | 9 | 4 RACE | S. DATE OF BIRTH | G. ACE (III IEMAS ENSI SALITORI) | IF UNDER LYEAR IF UNDER 24 HRS |
| ge ect | | MALE | While | MAY 26, 1908 | 73 YRS. | DATS HODRS MIN. |
| Po Pour | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| Jun 7. | | Kentucky | U, S, A- | WIDOWED DIVORCED | Wicomico | MD. |
| the the the | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. | IG HOME OR OTHER INSTITUTION ADDRESS) | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WARKING LIFE | 126 KIND OF BUSINESS OR |
| 5 Per 500 | Sa | lisbury | Peninsula Ge | neral Hopsital | Retired Frisi | PRINCE SALEMAN |
| 4 hourst be | 13a S | AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN | OTHER INSTITUTION GIVE RESIDENCE BEFORE | | 13e STREET ADDRESS | A.A. |
| hin 2 shou | 14 5/ | THERS NAME | omico Salisbu | YES NO S | 11/ reen | moun love |
| omplete | | ONKNOWN | DuPo! | VT MAMI | e MIDDLE Ro | EIGER |
| be execu | | (AS DECEASED EVER IN U.S. AR/ | MED FORCES? 166 SOCIAL SECU WAR OR DATES) 277-01-(| 211 Dorothy | R. DUPONY Se | eSec13 |
| physicia pnoaper emoval. | | PART I. DEATH WAS CAUSE | y one cause per line for (a), (b), and BY: E CAUSE (a) | ischemin dur | To Cordine | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| death ce | | 4100 Conditions, if any, which | DUE TO, OR AS A CONSEQUE | one to Ventria | he fibrillation | |
| by the cose remoter tree | | gave rise to immediate couse (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUE | ence of Myrustine | inforctions | |
| equires t n signed Then ple to burio injury, or | NO | PART 2 OTHER SIGNIFIÇANT C | onditions contributing to the | Let'r and the term | NINAL DISPASE OR CONDITION GIVE | N IN PART 1101 |
| The low reicion. te hos beer ssit permit. giene prior shows ony i | CERTIFICATION | 190. DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | WERE FINDINGS USED ING CAUSES OF DEATH? |
| SICIAN: 1 ng physic certificate ritol-frons entol Hyg frem 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | YEAR 19 | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT OR PART 2} |
| offending offer this of the burner of the burner of the dor the | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC.) 21f LOCATION STREET | CITY OF TOWN | COUNTY STATE |
| pitol or TTENDIA TTOR: Afforuse of foruse of Health | | 220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not | al) attended the deceased from | 81, and that in (my) (our) opinion | death occurred on the date and hour | 9, that (1) (we) lost and from the causes stated |
| TAL OR A yy the hos yy the hos RAL DIREC detoched tote Dept | | 22b. SIGNATURE | Sur | DEGREE ATTENDING PHYSICIAN D | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| TO HOSPITA etoined by TO FUNERA should be de with the Sto | | 22d PHYSICIAN'S NAME (TYPE OF | BADRES | TOKIDA | Are Salis | Box Mel |
| BP | 23a F | DOLIAC | 12/3/1981 23ch | ARSONS CEMPTORY | 23d LOCATION STREET | COUNTY |
| DHMH - 16 50M 1/B1 (VRA 15, 4) | 24 FI | Spiker Plef | Bounds ADDRES | elissery Md. 250 th | ERC'13 BY RE 99/84R 25b. BY SELECTION | |

Kentucky U.S.A. " "Econido Sallainer Pending Comercial Horatest Political Science of Committee Sallana MALYMAN THIRD SALES SALES OF THE STREET WAS THE CHERRY DEPORT MAMIC KRENGER 277-01-WILL DO POTA + P. Do fou 1 2000 15 Server I The State of the State of the

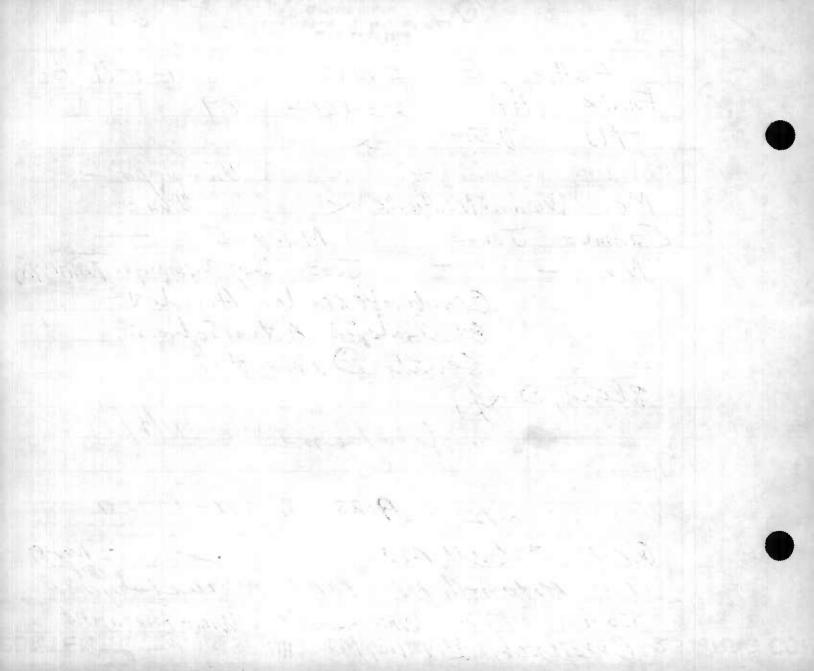
12 hapt 18 3y 1 10 64/11 white ancend an

| | 1 | | F MARYLAND | 9 9 |
|---|-----------------------|--|--|--|
| | 1- | STATE | S CERTIFICATE OF DEATH REG. NO. | 3 0 4 |
| 1 | | CRASED NAME PAUL Edward E | LAST Ze. DATE KNOWN OF ESTI- | 2 (198 25 HOL |
| ' | 3. SE: | M white April 26, 1913 68 YRS. | ONTHS DAYS HOURS MIN PRONOUNCED DEAD | ZI 1981 2d HOU |
| 8 | 1 | assachusetts U.S.A. wide | ARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY | C0 M |
| 2 | 52 | TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR CO NOT IN SUCH EACHTY, GIVE YREET ADDRESS) NOT IN SUCH EACHTY, GIVE YREET ADDRESS) | DTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIEE) Fire Inspector | OR INDUSTRY Dupont |
| 3 | V | L RESIDENCE (IF IN MUSING JONE OR OTHER INSTITUTION, GIVE RESIDENCE BEEDRE ADMISSION) ATE 13. COUNTY COUNTY COUNTY COUNTY Chincotexy | 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO 116-08 Deep Ital. | RQ |
| 1 | | THER'S NAME FIRST Louis Estes | 15. MOTHER'S MAIDEN NAME Bridgett Estes | LAST |
| 7 | | 17710000 | Dorothy Estes, Chincoteague, | Virginia |
| | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | rdiae Arrect | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| | | Carditions, it any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF | phened Hortic Anewysh | hours |
| | | cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c) (c) | | years |
| | NO | PART 2 OTHER SIGNIFICANT CONDITIONS <u>Contributing to death</u> but not related to the terminal dis | SEASE OR COMOITION GIVEN IN PART 1 (d). | |
| 1 | TIFICAT | 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION | WAS PERFORMED? | 20 AUTOPSY? YES NO W |
| 7 | MEDICAL CERTIFICATION | 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 216. EXTERNAL CAUSE WAS 217. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 217. TIME OF INJURY 19. MONTH DAY YEAR 218. TIME OF INJURY 19. MONTH DAY YEAR 218. TIME OF INJURY 19. MONTH DAY YEAR 219. TIME OF INJURY 219. TIME O | E HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART | 7 2) |
| | MEDIC | 21d. INJURY OCCURRED WHILE NOT WHILE STREET, EACTORY, EARM, ETC.) 210 PLACE OF INJURY (ATHOME. 2)1 STREET, EACTORY, EARM, ETC.) | LOCATION STREET CITY OR TOWN COUN | NTY STATE |
| | | 22a 1 certify that I taak charge af the remains described above, held an Aut death resulted fram: | topsy , Inspection I Inquiry , and in my api | nian |
| | | ACTUAL Sail Me | TITLE (SPECIFY) M.D. MEDICAL EXAMINER DATE SIGNED | 11-22-81 |
| 2 | 1 | EXAMINET'S NAME EN L. WOJEV | ADDRESS 409 Cound & Ave Sa | lichum ha |
| | 23a.B | IRIAL CREMATION, REMOVAL 136 DATE 236, NAME OF CEMETERS | Y OR CREMATORY 23d LOCATION CITY OR TOWN COUNT | TY STATE |
| | 245 | INERAL DIRECTOR | inia 130. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SI | CNATURE 71 |
| | = | | | |

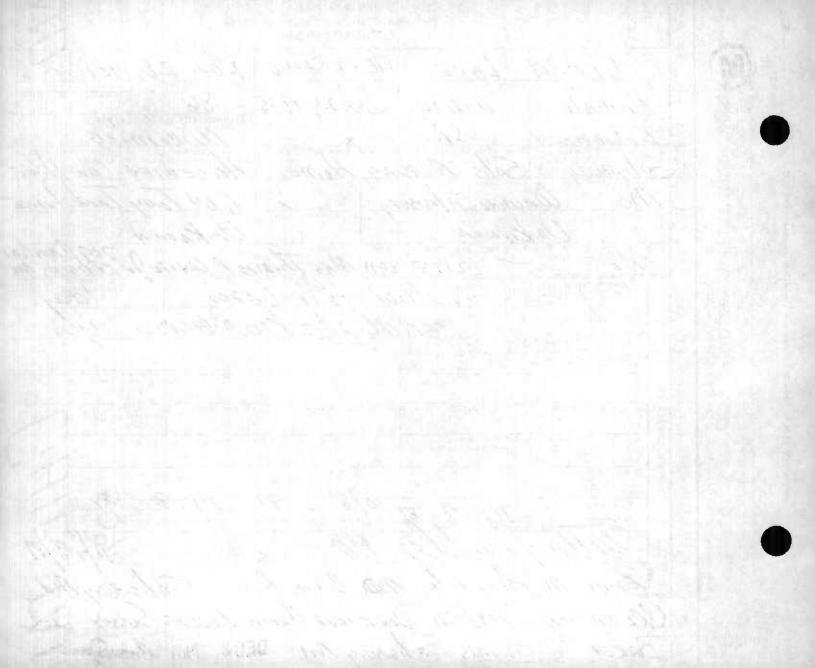
Sugaran subsenfer 1573 13-1- In with the court court with the THE A SECTION Market Control with the transport and contract to the

| 6 | FOR 1 - STATE | | | TMENT OF HEALT | MARYLAND H AND MENTAL I | - | 30 | 3 8 | 3 |
|--|--|---|--|--|------------------------------------|---|------------------------|------------------------------|-----------------|
| | REGISTRA | | | EXAMINER'S | CERTIFICATE | KEC | S. NO. | | |
| 2 | 1. DECEASED NAME FIRST MIDDLE LAST 70. DATE KNOWN OF ESTI- DEATH MATED 1 | | | | | | | 1-81 | P M |
| RY, PLEA DIRECTO DUR FILE 72 HOU NO STREIL | Femal | e White | 5. DATE OF BIRTH | 6 AGE (IN YEARS IF L LAST BURTHDAY) MOI | UNDER I YR. IF UNDER | MIN. PRONOUNCED DEAD | MONTH 11-22-8 | 1 10 1(| 24 HOUR 26,1 |
| IS NEGESSARY, PLEASE EFINERAL DIRECTOR. ES FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET, | 70 BIRTHPLACE FOREIGN COUN | ITRY) MD. | 76. CITIZEN OF WHAT COL | NTRY? 8. MAR | RRIED NEVER MARE | 7 7 9 | _ | OF DEATH | MD. |
| ECES IN | 10 CITY OR TO Sali | wn of DEATH sbury | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Peninsula | URSING HOME, OR O | | 120. USUAL OCCUPATION FOR MOST OF WORKING (1FE) | (TYPE OF WORK 17b | KIND OF BUS OR INDUSTR | SINESS |
| SS 1, 2, AND 3 TO PM 3, RETAIN P ND 2 SHOULD BE VITAL PECORDS: | USUAL RESIDER 130. STATE Md | WICO | ROTHER INSTITUTION, GIVE RESIDENTY TY Mico 13: C17 M6 | TE BEFORE ADMISSION) TY OR TOWN LTGBLA | 13d. INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS BELMAR | Rp. | | |
| A PM 3. | 14. FATHER'S N | MUEL | GRAHA. | LAST | 15. MOTHER'S MAID FIRST MINE | EN NAME EVA EX | 16L15/4 | Z LAST | |
| TH FORM | 160. WAS DECE (YES, NO, OR U | ASED EVER IN U.S. AR | WAR OR DATES! | 2-10-265 | NOCMANT | A FLEEMA | RESS // | MRÆ | A |
| TO MEDICAL EXAMNER: 1HIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11EM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | 18 CAU: PART | I DEATH WAS CAUSED | TE CAUSE (a) | nary Occ. | lusion | | | APPROXIMATE BETWEEN ONSET | AND DEATH |
| WITHIN NCIL IN NCIL IN INDER AL | gave | ditions, if any, which e rise to immediate e (o) stoting the under- | (0) | rtensive | Cardiova | scular Dise | ase | уе | ars |
| ECUTED S. IN PE IN EXAM URIAL - I IND MEN | lying | g couse last. | DUE TO, OR AS A CO | | | | | | |
| MEDICA AS A B ALTH A CREMA | | | CONTRIBUTING TO DEATH RUT NOT RE | | | ART 1 (a). | | | |
| CHIEF / | 19a. DATI | E OF OPERATION | 196. CONDITION FOI | WHICH OPERATION | WAS PERFORMED? | | 2 | YES | NO. |
| ON THE HOULD B | UNDERLY CONTRI | RNAL CAUSE WAS TING OR BUTING CAUSE OF E | 216. TIME OF INJURY HOUR A.M. MONT DEATH P.M. | H DAY YEAR | HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITE | M 18 PART 1 OR PART 2) | | |
| AGE 3 SH ATE DEP/ 1201 PRI | UNDERLY CONTRIE 21d INJU WHILE AT WOR | RY OCCURRED NOT WHILE AT WORK | 21e PLACE OF INJUR STREET, FACTORY, FARM | | OCATION STREET | CITY OR TOWN | COUNTY | | STATE |
| ANGR: TI FICATE, RE FORW CTOR: PA H THE ST. | | // | e of the remains described of | | ppsy , Inspection | Undetermined monner | ond in my opinio | on. | |
| AL EXAM HE CERTI HOULD B AL DIREC TH, WITH | ACTUAL | TITLE (SPECIFY) | | | | | | | |
| TO MEDICA EXECUTE THE PAGE 4 SH TO FUNER. AFTER DEA BALTIMORI | EXAMINI (TYPE OR | ER'S NAME Earl | L. Royer, | M.D. | ADDRESS 409 | Camden Ave. | | bury, | Md. |
| Bb | SPECIFIC | PRIAL 1 | 36. DATE 1/-24-8/ // | NAME OF CEMETERY | MEM. | MARKELA, | WIC, | mi | Ď, |
| DHMH - 17 (VR A15 ME (5)) | Ullri | | .1 Home, Sha | rptown, | Md. PEC | REC'D. BY REGISTRAP 56. I | REG (I) Man (I) | A LINE | |

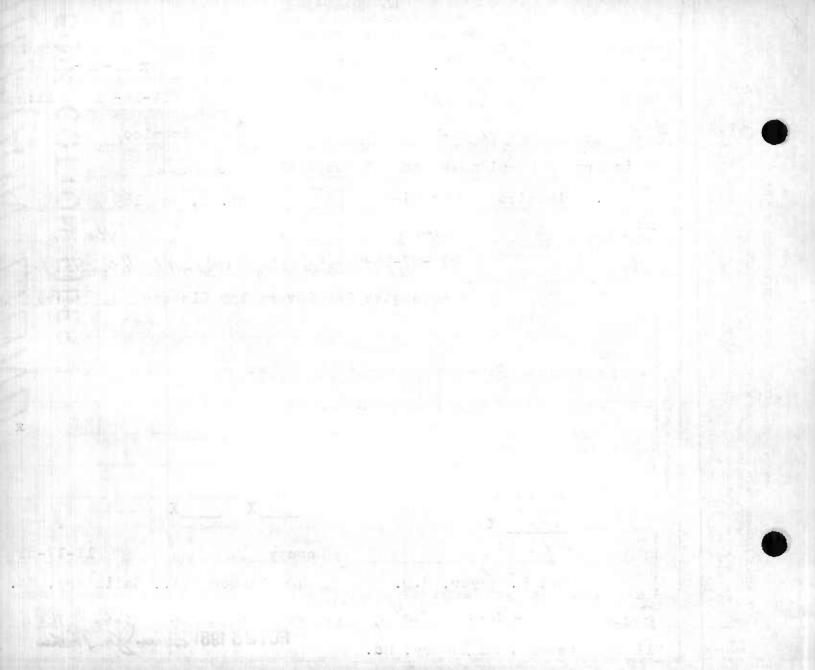
THE RESERVE OF THE PARTY OF THE Lette " more to un, more desum, ... DEC 2 1981 Ama Comment

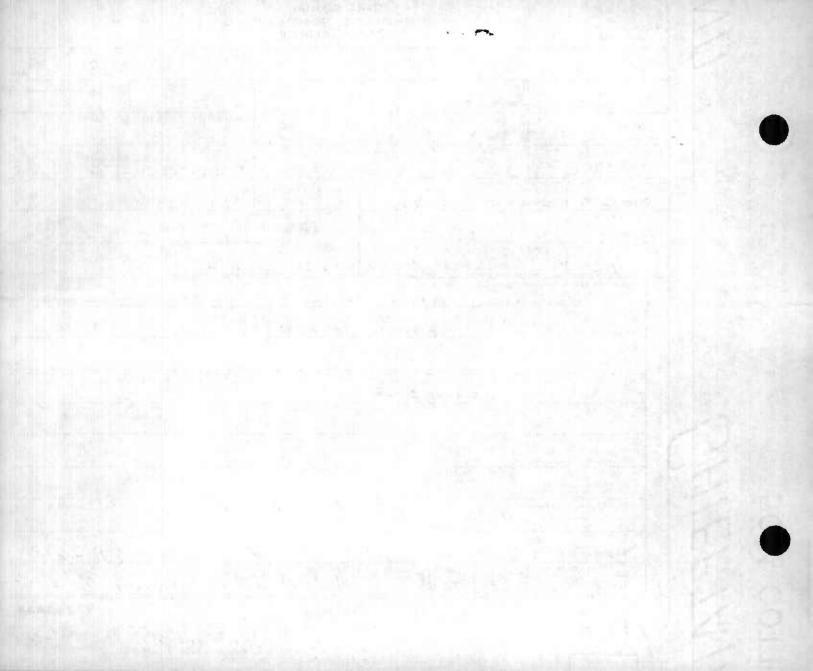


| | 1 | FOR - STATE REGISTRAR | DEPAI | STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | | 303 | 8 3 |
|--|--------------|--|--|---|---|--|--|
| M | | CEASED NAME FIRST E OR PRINTICAL ARCHITECTURE (XX | 4 RACE | FEDERLING S. DATE DE BIRTH | REG. N 20. DATE OF DEATH VOV 6. AGE (IN YEARS LAST BI | 28,1981 | 26 HOUR 3 HO IF UNDER 24 HRS |
| n. Page 4 I | 7a. E | FRMALE IRTHPLACE, ISTAIL OR FOREIGN | 76 CITIZEN OF WHAT COUNTR | JAN 21, 1895 | 86 | | HOURS MIN. |
| ofter death | 10.0 | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION (SET ADDRESS) | 12a USUAL OCCUPAT | ON 100 ION 126. KIND OF OF WORKING LIFE) INDUSTRY | BUSINERSOF |
| filled in by ould be file | USU 13a | AL RESIDENCE (IF NY ASING HOME) | NIY I3 EITY OR TO | | 13e. STREET ADDRESS | Tray Tank | Law |
| cate be executed within 24 yarcion and completely filler opers. Pages 1 and 2 should wit, the medical examine mus | | ATHER'S NAME FIRST UN | KNOWN LAST | 15. MOTHER'S MAIDEN NA | UNKA | own LAST | 4 |
| e be executed to company of compa | | No | VE WAR OR DATES) 2/8-50 | 1-8011 MRS. Thus | INS R. CUNI | 15 Jr 709 0 | Ander Bus M |
| to two PRESION SI., 68 es that the death certificated by the attending physical contraction population of the contraction of th | | | nly one couse per ling (or 10), (b) ED BY: TE CAUSE (0) DUE TO, OR AS A CONSECTION (b) | Wel Theory | is soler | ris qu | ATLINITERVAL AT |
| | z | underlying couse lost | DUE TO, OR A CONSEC (c) CONDITIONS CONTRIBUTING T | OUENCE OF | AINAL DISEASE OR CON | DITION GIVEN IN PART 110 | |
| he low required in the low required in the permit. The permit is the permit in the per | RIFICATION | 1% DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATION WAS PERFORMED | 76s AUTOPSY7 | 286. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES. | |
| ING PHYSICIAN: The low require of the ording physician. The this certificate has been sign on the buriol-tronsit permit. Then the ond Mental Hygiene prior to be order or them 18 shows any injury orked or them 18 shows any injury | MEDICAL CERT | 21s. ACCIDENT WAS UNDERTRING. [ON CONTRIBUTING [] CAUSE OF DR. OF EITHER INCLUSIVED CAUSE DE DR. OF ST. INC. WAS UNDERTRING. | ATH HOUR A.M. MONTH | 19 21/ LOCATION | RED TENTE NATURE OF MAIN | | MATE |
| ATTENDING or of spatial or of decrees of the forms of the spatial of the spatial or of the spatial or | | 27=1 certify that II (this hasp now deceased alive or others II (New-daily (did no | 11121 | find that in (my) (our) opinion | to 1/2 | D 19 E/ the one and from the co | of (I) (we) los uses stored |
| HOSPITAL OR FUNERAL DIRE HOLD BE detached the Stote Dep ORTANT: If here | | THE PHYSICIAN'S NAME (1941 | flubly | ATTENDING PHYSICIAN | MEDICAL STA | | 8/81 |
| Or so on so | 230 | RURIAL, CREMATION, REMOVAL | Benedeley | MAN COVIC A | 1236 LOCATION | StisBery ! | Ad MAIL |
| DHMH - 16 50M 1/B1 (VRA 15, 4) | 71.7 | INERAL DIRECTOR 3 | Barnele Son | | FC 2 100 | 256 REGISTRAR'S SIGNATUR | Merry |



[PE 0 madeauxoli tive to the second W. Bree , "S --- II. rooms I not a broad it is not seen Coverger 5, 11 may 2, 11 Draid of the state
| 7 | FOR STATE REGISTRAR | | | PEPARTMENT OF | | ARYLAND AND MENTAL ERTIFICATE | | H REG. I | 3 O | 3 8 | 1 |
|--|---|---|--|---|---------------|---|--|---|--------------------------------|-----------------------------|-------------------|
| 20 x 10 x 10 | 1. DECEASED NAM (TYPE OR PRINT) | MADI: | SON | H. | GAT | LING | | DATE KNOWN OF ESTI- DEATH MATED | □ монтн № 11-: | 16-81 | 5 A |
| SV, PLEA | Male | 4. RACE AA | DATE OF BIRTH | 16 65 | STHDAY) MONTH | | ER 24 HRS. 2c. MIN. PR | DATE ONOUNCED DEAD | -16-8: | DAY YEAR | 24. HOUF |
| | To BIRTHPLACE (FOREIGN COUNTRY | Cortina | 76 CITIZEN OF WH | . A. | WIDOW | | RCED | Wicom | ico | | MD |
| ELAY IS TO THE PAGE BE FILED | Salish | oury | Peninsu | ility, give street addri 11a Gene | ral Ho | ospital | FOR MOS | OCCUPATION (1 TOF WORKING LIFE) | YPE OF WORK | 2b. KIND OF BU OR INDUST | |
| MD. 21201 II. 2. AND 31 M. 3. RETAIN D. 2. SHOULD B TITALE RECORD | 130. STATE M | | OTHER INSTITUTION, GIVING PARTIES OF THE PARTIES OF | RESIDENCE BEFORE ADA 13c. CITY OR TOW Quantic | (N (N | 13d. INSIDE CITY LIMITS YES NO [| Rt. | ADDRESS 1, Box | 185 | - 3 | |
| RE, MD | FATHER'S NAM | ph | MIDDLE | GAHing | | 15. MOTHER'S MA FIRST | IDEN NAME | WIDOLE | | ARRIS | |
| RS AFTER DEA NITH FORM PILES IN PAGES IN DIVISION OF VIEW PILES IN PAGES IN | I II WAS DECEAS (YES, NO., OR UNKN | O EVER IN U.S. ARM OWN) (IF YES, GIVE V | | 239-07- | | SARAL CI | lea 31 | Nediano Pl | Porton | nouth. | Via |
| F VITAL RECORDS, 201 W. PRESTON ST. TE SHOULD BE EXECUTED WITHIN 24 HOUWORD "PENDING" IN PENCIL IN TIEM 18 TE CHIEF MEDICAL EXAMINER ALONG N RE CHIEF MEDICAL EXAMINER ALONG N RE USED AS A BURNAL TRANSIT PERMIT ENTO F HEALTH AND MENTAL HYGIENE I BURNAL, CREWATION, OR REMOVAL | Condition gave cause (c lying co | ans, it any, which ise to immediate a) stating the under- | E CAUSE (a) H V DUE TO, OR A (b) DUE TO, OR A | rpertens AS A CONSEQUEN AS A CONSEQUEN | ive C: | ardiovas | | Diseas | e | Jean Vear | |
| F VITAL RECC TE SHOULD BE WORD "PEND TE CHIEF MED SPEUSED AS BUTTE OF HEAL | 190. DATE O | F OPERATION | 196. CONDIT | ION FOR WHICH C | PERATION W | AS PERFORMED? | | | | 20 AUTOPSY | ? NO TE |
| DIVISION OF VITAL RECORDS, 1 THIS CERTIFICATE SHOULD BE EXECTED THE WORD "PENDINGS WARDED TO THE CHIEF MEDICAL STATE DEPARTMENT OF HEALTH AND "STATE DEPARTME | CONTRIBUT | ING CAUSE OF D | P.M. 21e PLACE O | | E. 21f LOC | OW INJURY OCCUR | | URE OF INJURY IN ITEM | 18 PART 1 OR PART | 7 2) | STATE |
| TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BANTMORE, MARYLAND, 21 | 22a. I cer death resu ACTUAL SIGNATURE | ify that I took charge ted from Notes | Janes De | Accident , | Suicide | Homicide TITLE (SPECIFY) Deputy ADDRESS 409 | Undeterm MEDICA | Inquiry X initial manner ALEXAMINER AVE., | DATE SIGNED | , 11-17 | |
| P===================================== | 230. BURIAL, CREM BURIAL 24. FUNERAL DIRE | 1 | 16. DATE 1 - 21-83 ADDRESS | 1 GAH. | 17 | EMETERY 250. AM | 23d. LOCA CITY OF 1 SUM 1VEZ 3 Y 16 | GURY RE | COUNT ATE GISTI AT'S SIG | 5 N | C. |





| | STATE OF MARYLAND |
|--------------------|---------------------------------|
| FOR | DEPARTMENT OF HEALTH AND MENTAL |
| STATE REGISTRAR | CERTIFICATE OF DEATH |

76 CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

SALISBURY

16b SOCIAL SECURITY NO

215-18-499

LAST

SALISBURY NURSING HOM

HYGIENE &

5. DATE O MONTH 1-

WIDOWE

| CERTIFI | CATE OF DEATH | | REG. NO. | | | | |
|--------------------|---|---|----------------------|--------|-----------------------|----------------|----------------|
| GO | SLEE | 2a DATE OF DE | 11-4 | -81 | YEAR | 26 HOU 2:30 | |
| . DATE OF MONTH | BIRTH DAY YEAR 17-23 | 6 AGE (IN YEAR) | S LAST BIRTHDAY) YRS | MONTH: | DAYS | IF UNDER | 24 HRS MIN. |
| MARRIED VIDOWED | NEVER MARRIED DIVORCED | | city or count | | EATH | | MD. |
| HOME OF PRESS) | OTHER INSTITUTION | 120 USUAL OCCUPATION 128. KIND OF BUSINESS INTERPRETATION OF WORKING LIFE) INDUSTRY | | | ESS OR | | |
| RY | 13d INSIDE CITY LIMITS? YES NO 15. MOTHERS MAIDEN NO FIRST Francie 17. INFORMANT | AME | AVO S | | sbu: | | Md. |
| 4997 | Lucille | Geslee | Mardel | a S | | | Md. |
| TA O | 1 colon a Undaspu | 146 nadries | tastasij | | APPROXII BETWEEN C | MATE INTER | RVAL DEATH |
| CE OF | | | | | | | |

| | B CAUSE (a) CANCINOMA of colum | 14146 | BETWEEN ONSET AND DEA |
|--|--|------------------------|---------------------------------|
| Conditions, if any, which | DUE TO, OR AS A CONSEQUENCE OF Widesp | naemetas | resis 1972 |
| gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF | | |
| PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CO | NDITION GIVEN IN PART 110 |
| 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FINDINGS USED |

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY NOT WHILE

Oliver

13b COUNTY Wico

unk 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

Ne

I STATE OF FOREIGN

4 RACE

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21b. TIME OF INJURY

21f. LOCATION

COUNTY and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

YES T

STATE

STATE

Zion Cemetery

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

EARL M BEARDSLEY

22e ADDRESS

21801 CIVIC AVE, SALISBURY,

CITY OF LOWN

NO

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

23d. LOCATION

230. BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

1. DECEASED NAME (TYPE OR PRINT)

70 BIRTHPLACE

SALISBURY

Marvland

LYES, NO OR UNKNOWN)

No

14 FATHER'S NAME FIRST

Maryland
10 CITY OR TOWN OF DEATH

3. SEX

250. DATE REC'D. BY REGIST

COUNTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

8

morked or Item

MPORTANT: If Hem 21 is

MEDICAL

Russell A Fooks, Salisbury, Md.

21a. ACCIDENT WAS UNDERLYING

A.S.U Linelyte

MERELL FOORS, SELECTOR, M.

er land bico UALLULUR : Livic Kro. Selfeburg M.

o 21-12-1907 Lucilla collection application

Taire

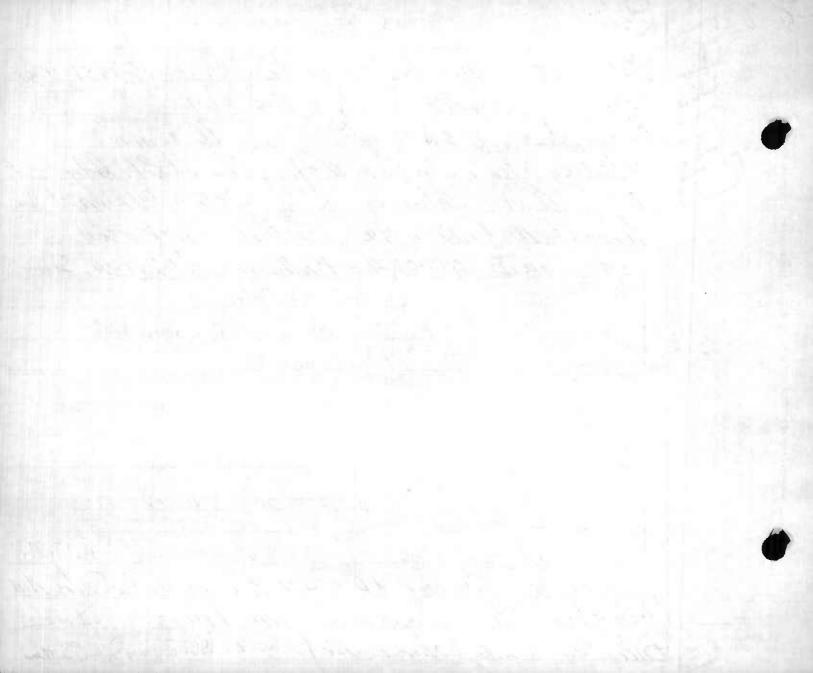
. EMPLOYERS EMOUNTED

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Saligot Istono Simming | vancails

| 1. | (/ | | STATE OF MARYLAND | 3 1 |
|--|---|---------------------------------------|--|---------------|
| 5/ | 5 | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 5 5 5 | / 1 |
| - | | | STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. | |
| | | 1. DECE | EASED NOME FIRST MICROLE LAST /26 DATE OF DEATH MONTH DAY YEAR 126 | HOUR |
| | nay be r page 3 ter death | (TYPE O | PRINTIPEREDT M GREATITI LA MAIL ICIGAL | 11120 |
| | pog de | 3. SEX | 4. RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BRITHDAY) IF UNDER YEAR IFFU | UNDER 24 HRS |
| | P 4 T | J. JEK | | DURS MIN |
| | rrector | 1 200 | 111912 WATTE ONLY 10 1714 61 YRS | |
| | arth. Po | 7a BIR | THPLACE ISTATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH | |
| | de de | 861 | STRICT & CIL. U.S.A. WIDOWED DIVORCED DI WILLOWICO | MD. |
| | e kie e | 10 CIT | Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TY OF WORK FOR MOST) (TY OF WORK FOR MOST) | USINESS OR |
| 201 | 1000 Feb 5000 | 5 | ANSBURY TENIASULA (FIN. HATE VILLER (8ET NOGE | SKAT. |
| BALTIMORE, MARYLAND 2120 | hour din dibe | USUAL | RESIDENCE (IF NURSING HOULD ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 CIPY OF OWN 138 INSIDE CITY LIMITS? 130 SPREET ADDRESS | 11 |
| N | filled hould k | 11 | 10 Will Stisbury YES & NO D JOS N. CLAIRNAN | - fre |
| K.A.L. | within within d 2 sh | FAT | HER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE / LAST | |
| ¥ ¥ | uted w | X | FPBERT M. (PIFFITH SR SAME DICKINSON) | |
| a, | ecut d co es 1 es 1 | | AS DEGEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS | 2 |
| MO | n and ca Pages 1 | (YES | SAGORUNKNOWN) (IF YES, GIVE WAR BARDATES) 577-03-2908 KARLIPINE & CALCUTAL SO | Lamo. |
| ALTI | person | | 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE BETWEEN ONSE | EINTERVAL |
| | p physicia an papers emaval. | | PART I, DEATH WAS CAUSED BY | ANDUCATA |
| Z 2 | 9 5 7 5 | | 4 3 | |
| OT. | death attendi ave car flan, ar | | Canditions, if any, which (b) Maxive In Torces estal Haemenhage | |
| A | 4 6 6 4 | | gave rise to immediate | |
| ₹ | that the l by the sase rer al, crem r ather | | underlying cause last. DUE TO, OR AS A CONSEQUENCE Of DATE OF CAUSE OF CAUS | |
| 201 | p e e e | | (c) (d) | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | equires n signe Then p to bur injury, | z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a | |
| OR | - 0 × | CERTIFICATION | 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS | LICED |
| REC | has be permi | 5 | IN CERTIFYING CAUSES OF | DEATH? |
| TAL | sh og te | E | | 10 🛮 |
| <u> </u> | ZY Dat 8 | | 216. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 10 PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR | |
| 0 2 | HYSICIA nding p nis certif burial-t Mental ar Item | ĕ L | (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 | |
| SIOIS | the bu | MEDICAL | 11d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM. ETC.) 211. LOCATION STREET CITY OF TOWN COUNTY | STATE |
| <u>></u> | (A = = = a e | | WHILE NOT WHILE AT WORK | F11.X |
| | | | | (I) (we) last |
| 2.1 | spital Spital CTOR. I for us of He | | saw the deceased alive an | ses stated |
| | OR ATTEN or haspital DIRECTOR ached for u Dept of He | | 77b. SIGNATURE DEGREE 22c. DATE SIG | NED |
| | TAL O y the RAL DI detacl fate De | | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11.19 | .81. |
| | HOSPITAL ined by th FUNERAL uld be deto h the State i | | IN. PHYSICIAN'S NAME (TYPE ORPERTY) | |
| | | | DEEPAK SAGGAR NO 549 KINEPSIDE DE STIS | MA |
| | Shap 10 | 206 Bu | IRIAL, CREMATION, REMOVAL TO DATE INC. NAME OF CEMETERY OR CREMATION 238, LOCATION | 7.00 |
| | | I IKO | CITY OR TOWN COUNTY | STATE |
| | RP (| 1 | C/11971 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | _ |
| 54 | BP | 24 FU | VERALDIRECTOR 1250, DATE REC'D. BY REGISTRAR 250. REGISTBAR'S SIGNATURE 1250, DATE REC'D. BY REGISTBAR'S SIGNATURE | _ |
| DH | BP wh-1660M1/75 (VRA15(4)) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | VERALDIRECTOR ADDRESS AND SECULATION OF THE STATE OF THE | _ |



on income Calising Teninetin Central Hospital Action of the Contral Marchael de van de la contraction de la contract TOUR STANDS No I THE HERE CHARLES & CALLES SHAWERE Bourney Sticker Mil 1877 1 Selegge 12 th Color 18 To the Southern Ad 27 18 Shall

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Peninsula Segeral Hospital ACKNOCKED TRANSPORTER OF THE PROPERTY OF THE P The state of the s With the first the second of t

| may be | (TYP) | Thurlo | Ear | 1 | Hancoct | 4 | Nove mb |
|---|---------------|---|------------------------------|---|----------------------|-------------------------|---|
| | 3. SE | nale | White | <i>I</i> | DATE OF BIRTH | YEAR | 6. AGE (IN YEARS LAST BIRTHI |
| 183 | | IRTHPLACE (STATE OR FOREIGN 7) | U. S. | Δ | MARRIED NEVER M | ARRIED | BALTIMORE CITY OR WICOMICO |
| 20 | | alisbury | 1. NAME OF HO | SPITAL, NURSING | HOME OR OTHER INST | ITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST GEV Ret. Gas (|
| 23 | 1304 | AL RESIDENCE OF NURSING HOME OR O STATE IN COUNT | THER INSTITUTION, GIV | LE RESIDENCE BEFORE AD LA CITY OR TOWN | MISSION) | | 136. STREET ADDRESS |
| exomine) | 14 F/ | ATHER'S NAME FIRST William "A | Pancock | LAST | | heobe | ALIODUS. |
| 3 | 160 V | WAS DECEASED EVER IN U.S. ARM LES NO OR UNKNOWN) LIF YES, GIVE Y | MED FORCES? | N SOCIAL SECURIT | 81 Sara H | AT . | Chinco tead |
| vent, the | | II. CAUSE OF DEATH Enter only PART I, DEATH WAS CAUSED WMEDIATE | BY | e for (a), (b), and (c | nesso | 2 Ten | Cont |
| umatic e | | Conditions, if any, which | | AS A CONSEQUENC | 1000 | Can | 2. ch. D. |
| other tro | | gove rise to immediate couse (a), stating the underlying cause last. | DUE TO, OR A | S A CONSEQUENC | E OF | 3 | |
| or to buria y injury, or | NOI | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CON | TRIBUTING TO DEA | ATH BUT NOT RELATED | TO THE TERMIN | VAL DISEASE OR CONDIT |
| 2 no 2 | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITIO | ON FOR WHICH OF | PERATION WAS PERFOR | RMED | 200 AUTOPSY? |
| Item 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF IT HOUR A.M. | | YEAR | URY OCCURRE | D (ENTER NATURE OF INJURY I |
| marked ar It | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF | INJURY , FACTORY, OFFICE, FARM | 21f LOCATIO | N | CITY OR TOWN |
| | | 22a Certify that (I) (this hospital | 11/2 | 19 10 F | , and that in (my) (| , 19 our) opinion de | , to |
| If Item | | obove, (I) (we) (did) (did not) 22b. SIGNATU | view the body off | er deoth. | DEGREE | ITENDING | MEDICAL STAFF |
| should be detached with the State Dept. | | 22d. PHYSICIAN'S NAME (TYPE OR P | | | 22e ADDRESS | | DIRECTOR PHYSICIA |
| shauld b | 23a 8 | JOHN G. CRE BURIAL, CREMATION, REMOVAL | 23b. DATE | | ME OF CEMETERY OR C | | 23d. LOCATION CITY OF LOWN |
| - | | Surial UNERAL DIRECTOR | 12-2-81 | Med | chanics Cem | etery | Chincote |
| 5 50M 1/81 15, 4) | | alyer Funeral How | me, Chin | co teague, | Virginia | 25a. DE | C4 1981 |

Item 8 G 564 2/17/82 GAB

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

REG. NO

COUNTY OF DEATH

126 KIND OF BUSINESS OR WORKING LIFE) INDUSTRY

LAST

ue, Virginia

BETWEEN ONSET AND SEATIN Mind

> ION GIVEN IN PART 110 Ob. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

NO

1982, that (1) (we) lost and hour and from the causes stated

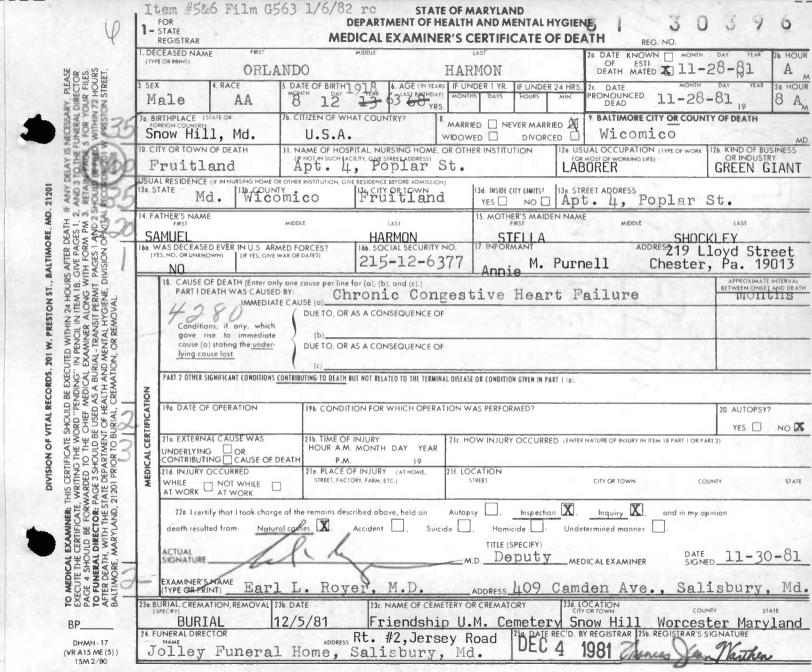
22c. DATE SIGNED

LISBURY MO 21401

Chinco teague.
BY REGISTRAR 256 959 ISTRAR Crane

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ould be

| STATE OF MARYLAND |
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN

| REGISTRAR | | | CERTIFICAT | E OF DEATH | REG. NO. | | | |
|----------------------|---------------------|--------------|-----------------|---------------|---------------------------------|-----------------|----------|------|
| DECEASED NAME | Margaet | MIDDLE | HARKOW | | November 10,19 | P81 | 26. HOU | |
| SEX | 4. RACE | 1,122 | 5. DATE OF BIRT | Н | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER | 24 H |
| Female | Whi | te | MONTH 3 | 17 06 | 75 YR | MONTHS DAYS | HOURS | M |
| BIRTHPLACE (STATE OF | FOREIGN 76. CITIZEN | OF WHAT COUN | ITRY? 8 | NEVER MARRIED | 9. BALTIMORE CITY OR COU | NTY OF DEATH | | |
| Del aware | IIS | Δ | WIDOWED | | Wa nome on | | | |

10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Deer's Head Center (TYPE OF WORK FOR MOST OF WORKING LIFE Salisbury 13e STREET ADDRESS Ocean City Drive FATHER'S NAME

Ann Lettie Atkins James Edward Vaughan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) 220-34-7053 Alfred M. Harrow

| | ly one couse per line for (0), (b), and (c) BY: ECAUSE (a) Pritones Ceremont full | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|--|---|
| Conditions, if ony, which | DUE TO, OR AS A CONSEQUENCE OF | |
| gove rise to immediate couse (a), stating the underlying couse last | DUE TO, OR AS A CONSEQUENCE OF | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| ICATI | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | 20s AUTOPSY? | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
|-------|--|---|------------------------------|--|
| RTIF | | | YES NO | YES NO |
| AL CE | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | JRRED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART I OR PART 2) |

CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from

saw the deceased alive an above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

211 LOCATION

22b. SIGNATURE DEGREE ATTENDING DIRECTOR PHYSICIAN

22e ADDRESS

21e. PLACE OF INJURY

. RITCHINGS Deer's Head Center, Salisbury, Md. 21801

23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Sussex -10-81 Cremation Delmarva Crematory Lewes De.

24 FUNERAL DIRECTOR Larrimore Pippin

21d. INJURY OCCURRED

FOR

Lewes, De.

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT:

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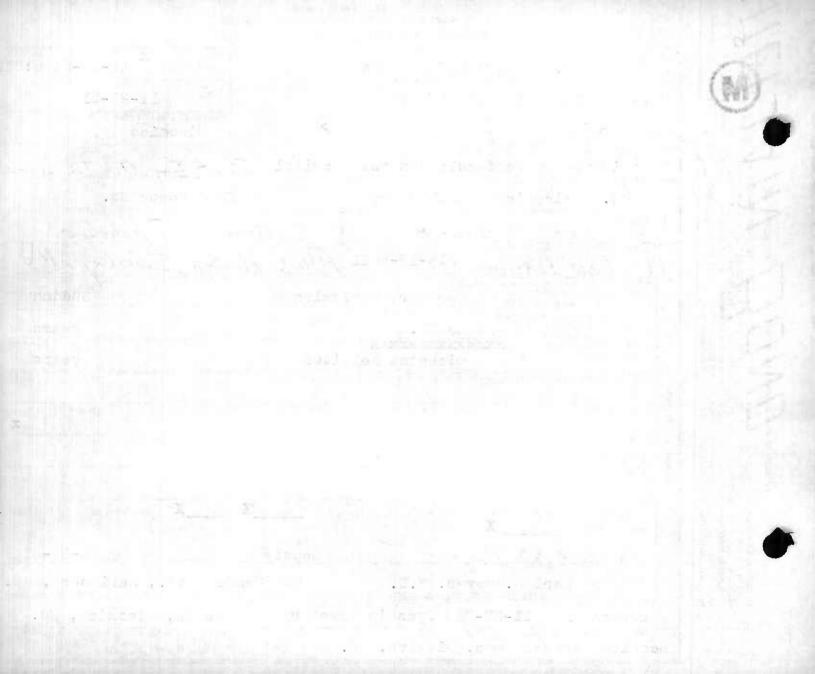
| | 1 | FOR - STATE REGISTRAR | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 REG. NO | 30398 |
|--|---------------|---|---|---|---|--|
| moy be poge 3 er death | 1. DI | CEASED NAME FIRST | Ellen | Hastings 15. DATE OF BIRTH | Novembe | |
| oge 4 irector. | F | Temale STATE ON FOREIGN | White | Sept 21 1916 | | MONTHS DATS HOURS MIN. |
| deoth. P | 10.0 | COUNTRY) | 76. CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY OR WICOMI | |
| offer with | | Salisbury | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Peninsula Ge: | | 12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF | 110: 11110 01 003111233 011 |
| filled in nould be f | USU | AL RESIDENCE LIF NURSING HOME OF STATE USB. COU | OR OTHER INSTITUTION GIVE RESIDENCE BEFORM 13c GITY OR TO YCESTEY DEY | ORE ADMISSION) WN 13d. INSIDE CITY LIMITS? YES \(\text{VO} \) NO \(\text{VO} \) | 132 STREET ADDRESS | 1209 Md. R+611 |
| completely lond 2 sh | 1 | ATHER'S NAME FIRST | B. Day | 15. MOTHER'S MAIDEN N. PIRST NOVA | Ellen | Nibblett |
| be execu | | | INE WAR OR DATES) 16b SOCIAL SEI 218'34 | 9023 O.Wilson Hast | ings Rt 2 Box | 209 Berlin, Md. |
| g physicic on poperion emoval. | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | only one couse per line for 1977, 189. ED BY: ATE CAUSE (0) | and contingue | Slell | APPROXIMATE INTERVAL |
| he death ce he attendin emove corb motion, or i | | Conditions, if ony, which gove rise to immediate couse (o), stating the | DUE TO, OR AS A CONSEO | Myracked | Defortion | Day |
| gned by the property, or other | | underlying couse lost. | DUE TO, OR AS A CONSEQ | DEATH BUT NOT RELATED TO THE TERN | MINAL DISEASE OR CONDI | ITION GIVEN IN PART 1(0 |
| ow requirements: | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | h Operation was performed | 20a. AUTOPSY? | 20b. IF YES, WERE FINDINGS USED |
| N: The I. cote hos onsit pe Hygiene | SERTIFI | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c HOW INJURY OCCUP | YES NO | IN CERTIFYING CAUSES OF DEATH? YES NO |
| rSICIAN: Ting physici ning physici certificate urial-transi Aentol Hygi | MEDICAL (| OR CONTRIBUTING CAUSE OF DE | ER) P.M. | 19 | (price value of 1998) | TO TAKE TO A TAKE 2 |
| NG PHYSICIAN: The low require ottending physicion. After this certificate has been signs the buriol-tronsit permit. Then the and Mental Hygiene prior to be orked or Item 18 shows any injury orked or Item 18 shows any injury | MEC | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | . FARM, ETC.) 211 LOCATION STREET | CITY OR TOW | N COUNTY STATE |
| TTENDII pitol or TTOR: A for use of Heali | | The deceased alive or | n 19. | of ond that in (my) (our) opinion | , to | e ond hour and from the couses stated |
| At OR A the hos AL DIREC detoched detoched ote Dept. IT: If Item | | 22b. SIGNATURE | 68 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR D PHYSICIA | 22c. DATE SIGNED |
| TO HOSPIT. retoined by TO FUNER, should be downth the Sto | | John G | _ | 22e ADDRESS | | lisbury, Maryland |
| BP | 23a. | BURIAL, CREMATION, REMOVAL (SPECIFY) BUYIAL | | NAME OF CEMETERY OF CREMATORY | 23d. LOCATION CITY OF TOWN | Worcester MA |
| DHMH - 16 50M 1/81 (VRA 15, 4) | 24 F | UNERAL DIRECTOR | ADDRESS | B 1 25 NO | F REC D. BY REGISTRARIAS | REGISTRAR'S SIGNATURE |

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| Fillish week to be | Liberitor Solfie | John G. Green, M.D. Key Medien |
| | | Surgar Empres Constant |

| 1 | ١- | FOR STATE REGISTRAR | DEPARTMENT OF HEALTH CERTIFICAT | | GIENE P | | | |
|--|---------------|--|--|------------------------------|--|---------------------------------------|----------------|----------------------------------|
| 1. (1 | DEC TYPE (| EASED NAME AUDI | Rey White HA | Hon | | MONTH DAY | 981 | 26 HOUR |
| 1. | SEX | Female | 4. RACE White S DATE OF BIRTH | 14 1914 | 6. AGE (IN YEARS LAST BIR | YRS | JNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. |
| 35 | N | LARYLAND | (), S, N. WIDOWED | DIVORCED [| 9 BALTIMORE CITY O | | DEATH | M |
| | _ | lisbury | 11. NAME OF HOSPITAL, NURSING HOME OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General H | | 12a USUAL OCCUPATION OF THE PROPERTY OF THE PR | Wording the | 126 KIND OF | Telle Telle |
| 33 | Y | A CYLANO WIC | LOMICO SAISBURY YES | ISIDE CITY LIMITS? | 130 SPEET ADDRESS | NALK | SIN | Rd' |
| 20 1 160 | FAI | GEP'S NAME GEORGE D AS DECEASED EVER IN U.S. AR | ALLAS White | MAGGI FORMANT | e HARRYS | 723 New/ | 401 | RLey |
| the med | | 100 | (No one couse per line for (o), (b), and (c) | 14LLISH | ARRIS New | sport! | VEWS | MATE INTERVAL INSET AND DEATH |
| y, or other troumatic | | Conditions, if ony, which gove rise to immediate cause 101, stating the underlying couse lost. | DUE TO, OR AS A CONSEQUENCE OF (b) POR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE | | MINAL DISEASE OR CONI | | IN PART I II | |
| CERTIFICATION | | 90 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS | | 200 AUTOPSY? | 20b. IF YES, W IN CERTIFYIN YES | ERE FINDING | GS USED |
| E / S | | Pla. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DAY YEAR P.M. 19 | | RED (ENTER NATURE OF INJUR | 1 | OR PART 2) | |
| MED AFD | | WHILE NOT WHILE NOT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) | STREET | CITY OR TO | VΝ | COUNTY | STATE |
| ğ | 1 | sow the deceased alive an above (1)(we) (did)(did no | the trace dody offer dediff. | in(my) (our) opinion | death occurred on the do | te and hour an | nd from the co | |
| 2 | | 24. PHYSICIAN'S NAME (TYPE" | DEGREE MIO. | ATTENDING PHYSICIAN DADDRESS | MEDICAL STAF | | 22c. DATE S | 25/81 |
| NA N | | E. W. 1C | LOPP PI | NeBLU | FFRD. S | elistri | y, Su | ol. |
| 230 | (5) | BUCIAL | 236. DATE 1981 PARSON | s Cem | 3 alish | uly & | NIC | MD. |
| 31 | P | Ober Bour | nde Salesbur Sua | ON NO | V 3 0 1981 | Time Time | RS SIGNAY | 25 (1- |

DESTRUCTION OF STRUCTURE S control of the state of the sta Calisbury | Peninsula Coneral Mossical | Ne French Coneral CHAPPEN OF THE SULF COME OF THE SULF CONTRACTOR OF THE PROPERTY OF THE PROPERT LEW TE DALLAS WALLS MARRIE HERO E STURIES - 201 - 201 - 1979 Pryllis Harris North Wall Well Fire Plant FF RE Salatines Face Planting The state of the second was a state of the state of

| 6 | | FOR STATE REGISTRAR | | ME | DEPARTMENT | | AND ME | NTAL HYGIE | - " | REG. NO | 0 | 0 | 0 |
|--|-----------------------|---|--------------------------------------|-----------------------|---|---|-----------------|----------------|---|------------------|----------------|--------------------------------------|--------------------|
| (A) | | CEASED NAM | E. | STAN | | HEARI | IAST | | 20 DATE OF DEATH | ESTI- MATED | 11- | 23-81 | 6 1 0 1 1 |
| | - | ale | White | 5. DATE OF BIRTH | 3 65 7 | (IN YEARS IF UI BURTHDAY) MON: YRS. | | HOURS MIN. | PRONOUN DEAD | 11 | MONTH L-23- | 1.9 | 2d HOUR 11 M |
| NEGES AND STATE OF THE STATE OF | FC | RTHPLACE (S PREIGN COUNTRY) | MJ | 1 | HAT COUNTRY? | WIDOV | VED 🗍 | DIVORCED | Wi | comic | 20 | Y OF DEATH | MD. |
| F ANY DELAY IS NE AND 3 TO THE FU RETAIN PAGE 5 HOULD BE FILED, W RECORDS, 201 W | | Sali: | sbury | Penins | SPITAL, NURSING I ACILITY, GIVE STREET ADD BULA GEN | eral H | lospit | al (20.0) | SUAL OCCUP R AOST OF WORK | ATION (TYPI | Oil | OR INDUST | |
| F AND 3 SHOULD I RECORD | | TATE Md | . WICO | ROTHER INSTITUTION, O | Salisb | ury | 13d INSIDE CITY | 13e.6 | 321 ADRE | ss hnsor | n St. | | |
| DEATH. | | ZIRST L | byes | | 3元为 | | 2 | SMAIDEN HA | M | DOLE 7 | | ast as | |
| ALTIMO SAFER I SIVE PAGES 1 VISION O | 16a. V | VAS DEČEASE ES, NO, OR UNKNO | DEVER IN U.S. ARA | WAR OR DATES) | 215-12 | | Alle | is Ho | eden | ADDRESS | 11560 | xy, 1 | N |
| | | 18 CAUSE C PART I DI | EATH WAS CAUSED | E CAUSE (o) | e for (o), (b), and (c Coronar | y Occ | Lusion | 1 | | | | APPROXIMATI BETWEEN ONSE SUCCE | T AND DEATH |
| | _ | gave ri | ns, if any, which se to immediate | (b) | ASCVD. | | . 7 | | | | | year | rs |
| CUTED WITHING TO WERE EXAMINER RIAL-TRANGE IN MENTER RIAL-TRANGE IN MENTER RIAL-TRANGE IN MENTER IN MENTER IN TON, OR REAL | | lying cau | | (c) | Diabete | s Mell | | 16st | EE L | | | year | 's |
| MTAL RECORDS, 201 V SHOULD BE EXECUTED RD "PENDING" IN PE CHIEF MEDICAL EXAN E USED AS A BURIAL - T OF HEALTH AND MEI URIAL, CREMATION, C | NOI | | | | N BUT NOT RELATED TO TH | | | | | | | | |
| OF VITAL RE- ATE SHOULD FE WORD "PER THE CHIEF M JUD BE USED A MENT OF HEA | TIFICAL | | OPERATION | | ITION FOR WHICH | OPERATION V | AS PERFORM | ED? | | | | 20 AUTOPSY | NO 🏝 |
| IJON OF VITAL I | MEDICAL CERTIFICATION | UNDERLYING CONTRIBUTI | AL CAUSE WAS OR NG CAUSE OF D | EATH P./ | M. MONTH DAY | YEAR 9 | | OCCURRED (ENTI | ER NATURE OF INJ | URY IN ITEM 18 I | PART 1 OR PART | (2) | |
| I S S S S S S S S S S S S S S S S S S S | MED | WHILE AT WORK | | | OF INJURY (AT HO CTORY, FARM, ETC.) | | STREET | | CITY OR TOV | vN | COU | NTY | STATE |
| TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SITE PALTIMORE, MARYLAND, 2 | | 220. 1 certi death result ACTUAL SIGNATURE | , | e of the remoins de | Accident , | on Autop Suicide | Homicid | ECIFY) | Inquiry determined mo | nner . | DATE SIGNEE | 11-27- | -81 |
| O MEDIC XECUTE AGE 4 S O FUNE FITER DE | - | | - | | ver, M.D | | ADDITESS | | | ve., | Sali | sbury, | Md. |
| BP | 24. F | Duri: | CTOR | 11-27- | Tyas | kin Co | emeter | e. DATE REC'D. | LOCATION TY OR TOWN Y OR TOWN BY REGISTRA | R 25h REGI | STRANS | CO M | A ^{ve} . |
| DHMH - 17 (VR A15 ME (5)) 15M 2/80 | M | essic] | k Fune | 1 Homes | Bivalv | e, Md | • | DEC | 1 198 | Char | ress D | and have | |



| | 1. | STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | |
|---------------|---------------|---|--|---|--|--|
| 1 | | CEASED NAME FIRST WALLA | MIDDLE WILLIA | n Howard | | YEAR 2b HOUR USED |
| 1) | 3 SE | x Male | 4 RACE White | 5. DATE OF BIRTH MONTH July 28, 1896 | | E INDER I YEAR IF UNDER 24HRS ONTHS DAYS HOURS MIN. |
| 75 M | | RTHPLACE (STATE OR FOREIGN COUNTRY) ion Station | 76 CITIZEN OF WHAT COUNTRY? Md. USA | | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 180 | 10 € | Salisbury | | NG HOME OR OTHER INSTITUTION | 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Barber | 126. KIND OF BUSINESS O |
| 35 | Ma | ryland Wic | or other institution give residence before unity 134 CITY OR TOW Fruitle | and 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 106A Poplar & Ho | olly Sts. |
| 120 | | ATHER'S NAME ash | Howard | 15 MOTHER'S MAIDEN N FIRST Margar | et | Carey |
| e medicol | | VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN} (IF YES, | ARMED FORCES? 166. SOCIAL SECU GIVE WAR OR DATES) 231-09- | | lie H. Bailey (| as 13 (daughter) |
| event, th | | | anly ane cause per line far (a), (b), on SED BY: ATE CAUSE (o) CONGL | ting Heart Fail | nne | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| her troumotic | | Conditions, if any, which gave rise to immediate cause [a], stoting the | DUE TO, OR AS A CONSEOU (b) Metas DUE TO, OR AS A CONSEOU | tatic CA 9 + | Le Civer & Spine | |
| njury, or oth | NO | PART 2. OTHER SIGNIFICAN | (c) CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVE | N IN PART No |
| Auo Soul | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES | WERE FINDINGS USED YING CAUSES OF DEATH? |
| tem 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I | | AY YEAR 19 | RRED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT 1 OR PART 2) |
| orked or | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| n 21 is mo | | sow the deceased alive abave, (1) (we) (did) (did | pital) attended the deceased from pon 19 Son | , and that in (my) (aur) apinion | n death accurred an the date and hour | 9 , that (I) (we) last and from the causes stoted |
| AT: If Iten | | 22b. SIGNATURE | state Tran | | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/12/9) |
| IMPORTANT | | 22d PHYSICIAN'S NAME (TYP | EORPRINT) NEJ-TAN | Salisbu | ry, Maryland | |
| | Bu | SURIAL, CREMATION, REMOV. SPECIFY) rial | | vame of cemetery or crematory rest Lawn Cemetery | Norfolk, Norfolk | |
| (1/B1 | HOJ | INERAL DIRECTOR LOWAY FUNERAL | HOME, Salisbury, | Maryland N | ATE REC'D. BY REGISTRAR 25b. REGISTR | PAR'S SIGNATURE |

Sailsbury Peninsula Conenal Hospital

DEPL. CE radiovolla . = ecun Maria de la companya PI-TER the second of th The U. Die beston EDI A COLOR DIA DELL'AND CONTRACT The manage of the state of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT FRANCES Kathleen 5. DATE OF BIRTH IF UNDER I YEAR 1906 PAY 9, White Dec. Female BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Wicomico Maryland USA WIDOWED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Saleslady Salisbury Dept. Store Peninsula General Hospital 13b COUNTY Hebron 13d INSIDE CITY LIMITS? Rt. 1, Box 98 Wicomico Maryland NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Holmes MIDDLE Bailey Annie Herman Howard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT same as 13 (IF YES, GIVE WAR OR DATES) 20-28-4982 No Mr. S. Irvin Johnson (husband) 18 CAUSE OF DEATH (Enter only one couse per line or (o), (b), on PART I. DEATH WAS CAUSED BY: bral Vapeular accident AR AS ACONSEOUENCE OF Cardiovase disease-Arterioscleratie cardiovase disease-IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [NO F Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CIE EITHER NOTIFY MEDICAL EXAMINER P.M. 19 MEDI 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify tho (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Alberta Polin, M.D. Salisbury, Maryland 0 23a. 8URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Hebron, Wic . Maryland 1/16/81 Hebron Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

HOLLOWAY FUNERAL HOME, Salisbury, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Solf showy Intended a Lygning Tonyital - Control Vacenter arcident TATES artifor charte arterior deserved in white M. STATE ASSESSMENT - 45, 28

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumotic event, the medico

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H

| | 20 DATE OF DEATH MONTH | DAY | YEAR | 2b. HOU | JR . |
|---------|--|----------|-----------|----------|------|
| | November 30,198 | 31 | | 7:0 | OA |
| | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UND | ER I YEAR | IF UNDER | |
| | 67 YRS | MONTH | DATS | HOURS | MIN |
| | 9 BALTIMORE CITY OR COUNT | YOFD | EATH | | |
| | Wicomico | | | | N |
| | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST DE WORKING L | F BUSINE | SSO | | |
| | | | | | |
| ? NA | Bt, 2. Box 108. | Hu | 1-20 | ek. | M. |

| 1 | | FOR STATE REGISTRAR | DEPA | RTMENT OF I | 3 0 | 4 0 4 | | | |
|----|------------|---|--|---|---------------------------------|----------------------------------|-----------------------|--|--|
| | | CEASED NAME FIRST | MIDDLE | | LAST • | 20 DATE OF DEATH | MONTH DAY | YEAR 26. HOUR | |
| | | Howar | rd // | ONES | | November 3 | 7:00A M | | |
| | 3 SE | × M | A A A | S. DATE O | OF BIRTH 3-1914 | 6. AGE (IN YEARS LAST BIR | THDAY) IF UND | DER LYEAR IF UNDER 24 HRS. S DAYS HOURS MIN. | |
| 35 | | COUNTRY | LLS. A | MARRIE WIDOW | DENEVER MARRIED DIVORCED | BALTIMORE CITY O | | EATH MD. | |
| 1 | | Salisbury | II. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Deer's Hea | eet address) | or other institution | Type OF WORK FOR MOSTO LABORE | | b. KIND OF BUSINESS OR DUSTRY | |
| 35 | 13a. S | MD Dorc | OTHER INSTITUTION, GIVE RESIDENCE BEI TY HESTER HUPLO | | 13d INSIDE CITY LIMITS? | Bt, 2, Box | 108. Hu | FLOCK. MP | |
| 70 | | HNDFKW | JONE JONE | =5 | 15. MOTHER'S MAIDEN NA | A MIDDLE | Pr | i CASIE | |
| 7 | | VAS DECEASED EVER IN U.S. ARA YES (JOR UNKNOWN) (IF YES, GIVE | WAR OR DATES) 2/12-11. | 3351 | WALTER JONA | ES. 2737. B | | BAZZAMD | |
| | 7 | Canditions, if ony, which gave rise to immediate cause tal, stating the underlying cause last | DUE TO, OR AS A CONSECTION OF THE TOP OF T | DUENCE OF | NOT RELATED TO THE TERM | INAL DISEASE OR CONE | DITION GIVEN IN | PART No | |
| 7 | TIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHI | DN WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES. | | | | | |
| 9 | CAL CERTI | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (1F EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | 21s. HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 O | RPART 2) | |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | CE, BARM, ETC) | 21f. LOCATION STREET | WN C | COUNTY STATE | | |
| | | 22a.1 certify that (1) (this haspite saw the deceased alive on _ abave, (1) (we) (did) (did nat | 19 | | nd that in (my) (our) apinion o | , to, to | | , that (I) (we) lost from the couses stated | |
| | | 226 SIGNATURE 7. 8 | 26 SIGNATURE of Streething DEGREE . A | | | | F IAN | 2c. DATE SIGNED | |
| 1 | 3 | 22d. PHYSICIAN'S NAME (TYPE OR | PRINT) | | 220 ADDRESS Deer's Head | | | Md 21801 | |
| | 2200 | SURIAL CREMATION PEMOVAL | Last DATE 12 | - NAME OF C | SHETEDY OR COST | In LOCATION | 13041 | TOTAL CALOUT | |

DHMH - 16 50M 1/B1 (VRA 15, 4)

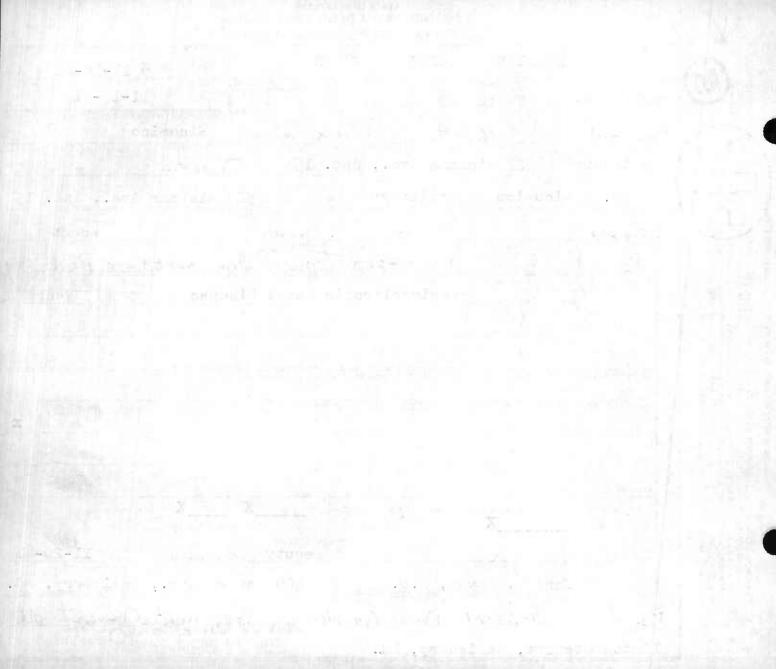
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12/5-81

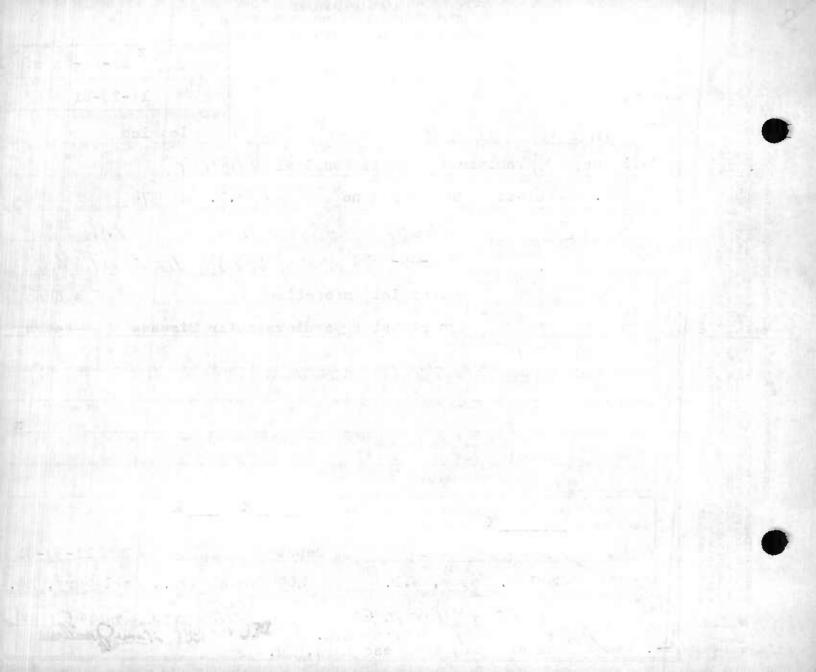
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| عر | | 1- | STATE REGISTRAR | | м | | | | | TE OF DE | - I | REG | NO. | , | | |
| | W | | CEASED NAME OR PRINT) | FIRST | REGINA AND LE LAST 20. DATE KNOWN AMOUNT OF ESTI- DEATH MATED 11 | | | | | | 1-28 | | | | | |
| <i>'</i> - | RECTOR IN FILES 2 HOUR | 3 SEX | nale 4.R | ACE AA | 5. DATE OF BIRT | Y YEAR | 6. AGE (IN YE LAST BIRTHD | ARS IF UND | ER 1 YR. IF | UNDER 24 HR | | IE JNCED | MON | | YÉAR | 2d HOUR |
| | CESSAR VIERALO VITHEN 7 | 7n. BI | RTHPLACE (STATE (| | 7b. CITIZEN OF | | | 8 MARRIED | - | MARRIED C | 9. BALTI | | mico | UNTY OF | DEATH | M |
| RE, MD. 21201 | AY IS NE FUT PAGE 5 | 1 | Salisbu: | | II. NAME OF H | OSPITAL, NUR | RSING HOMI REET ADDRESS) | OR OTHER | | N 120 L | JSUAL OCC | | | | IND OF BU OR INDUSTI | |
| | ATH. IF ANY DELAY IS NECESSARY, PLASE SS 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5 FOR YOUR FILES. ND 2 SHOULD BE FILED WITHIN 72 HOURS WITAL RECORDS 201 W. PRESTON STREET. | | L RESIDENCE (# IN | | OTHER INSTITUTION | GIVE RESIDENCE | | ON) | Id. INSIDE CITY L | ~ | TREET ADD | RESS 30X | 374 | | | |
| | DEATH. IF GES 1, 2, M PM 3. AND 2 SH | | THER'S NAME | DEN | MIDDLE | HA | NOY | 1 | S. MOTHER'S HENT | MAIDENNA | | MIDDLE | | MIL | LASTES | |
| BALTIMORE, | S AFTER IN FORUME PAGES 1. | 16a. V | OF UNKNOWN) | (IF YES, GIVE W | ED FORCES? VAR OR DATES) | | -05-8 | | NINU | IE. DEN | INIS. | ADDR WE | Sto | VET. | M. | 0 |
| ST., | 24 HOURS ITEM 1B. G LONG WIT PERMIT. P. GIENE, DIV | | 18 CAUSE OF DE PART I DEATH | EATH (Enter only I WAS CAUSED IMMEDIATE | BY: CAUSE (a) | Myoca | ardia | | arcti | on | | | | BET | approximate tween onse | AND DEATH |
| W. PRESTON | PENCIL IN I | | gove rise | if any, which to immediate ting the <u>under</u> | (b) | Hyper Or as a con | rtens | ive C | ardio | vascu | lar I | Dise | ase | | yea | rs |
| RECORDS, 201 | BE EXECUTED NDING" IN PERFECT EXAMINED FOR BURIAL-1 | NO | PART 2 OTHER SIGNIFI | | (c) Ontributing to dea | ITH BUT NOT RELA | TEO TO THE TERM | NINAL DISEASE O | R CONDITION GI | VEN IN PART 1 (g) | | | | | | |
| | SHOULD I ORD "PEN CHIEF M E USED A TOF HEA | CERTIFICATION | 19a. DATE OF OP | ERATION | 19b. CON | DITIONFOR | WHICH OPER | RATION WAS | SPERFORME | D? | | | | 20 | AUTOPSY | Ston |
| DIVISION OF VITAL | CERTIFICATE STITING THE WODED TO THE CEST SHOULD BE DEPARTMENT I PROR TO BUT I PROP TO | CALCERI | 210. EXTERNAL C UNDERLYING CONTRIBUTING | OR | HOUR A | OF INJURY A.M. MONTH | DAY YEA | | V INJURY O | CCURRED (ENT | TER NATURE OF | INJURY IN ITEA | M 18 PART 1 O | X PART 2) | | |
| DIVISIO | THIS CERTING WARDED 1 PAGE 3 SH TATE DEPA | MEDICAL | | OT WHILE T | | E OF INJURY FACTORY, FARM, ET | | 21f. LOCA STR | | | CITY OR T | NWOT | | COUNTY | | STATE |
| • | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH- EXECUTE THE CERTIFICATE, WRITING THE WORD, "FENDING" IN PENCIL IN ITEM I B. GIVE PAGES I, PAGE — HOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FULLER DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBAL-ITRANIST PERMIT. PAGES I AND AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH DEATH AND ALONG WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF THE WITH THE WITH THE WITH THE WITH THE WITH THE STATE DEPARTMENT OF THE WITH THE W | | 22a. I certify th death resulted f | not I taak chorge rom: Nature | 100 | described abo | | Autopsy vicide , | Homicide | CIFY) | , <u>Inquir</u> determined r | |], | ny opinion | 3 20 | 91 |
| | MEDICAL CUTE THE E 4 SHO UNERAL PR DEATH | | EXAMINER'S NA | ME Ear | l L. Ro | yer, | M.D. | M.D | Depu | | iden <i>I</i> | | | 0.40 | 1-30 urv. | |
| | | 236.B | URIAZ CREMATIO | | | | AME OF CE | The same of the sa | DDKE33 | 12 | LOCATION Cyrortown | | 1 50 | COUNTY | ur si | are d |
| | DHMH - 17 (VR A 15 ME (5)) | 24. F | UNERAL DIRECTO | TIVIL | Koti | 1532 | omers | | e. | da Mad. | BY REGIST | 88 25h R | SIRAF | | W Mast | 4 |
| | 15M 2/80 | | | - 5.20 | - 0.2 1101 | , 11 | | OD WII | 110 111 | 14. | | | | | | |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR November 13,1981 4:20 a 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS BALTIMORE CITY OR COUNTY OF DEATH Wicomico 2ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE HOMEMaker Home 200 E. Main St. Pollack Bessie Secoura 5725 Franklin St. cours à old te PART A OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIC 20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2 CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Deer's Head Center, Salisbury, Md. 21801 23d. LOCATION Stark Brooklyn Pk BOLY CROSS CEME Md. 24 FUNERAL DIRECTOR 4001 Ritchie Hwy. George J. Gonce Balto..Md. 21225

DHMH - 16 50M 1/81 (VRA 15, 4)

the property of the property o trinity and a large model of the a 21 1910 Female Jecurit 725 Franking Sw. The state of the first and the state of the TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER

| 1 | FOR - STATE REGISTRAR | DEPARTM | CERTIFICATE OF DEATH | REG. NO. | |
|------------------|---|--|---|--|--|
| | ECEASED NAME FIRST CHEST | ER J. | LYACH | 20. DATE OF DEATH MONTH DAY | 1981 8 A N |
| 3. S | | RACE WHITE | S. DATE OF BIRTH MONTH FEB. 20, 1909 | 7.0 | UNDER I YEAR IF UNDER 24 HRS |
| 1/2 | BIRTHPLACE (STATE OR FOREIGN 7 | CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF | F DEATH |
| | | F NOT IN SUCH FACILITY, GIVE STREET | | Wicomico 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | MD 12b, KIND OF BUSINESS OR INDUSTRY |
| USI | ALISDURY JAL RESIDENCE (IF MURSING HOMEORO STATE 136 COUNT | THER INSTITUTION GIVE RESIDENCE BEFORE | | RET. FARMER & | POULTRYMAN |
| | ATHER'S NAME | EX FRANKF | ORD YES NOX | R.D. 2, BOX 7 | 8 |
| 03 | EDGAR L. | LYNCH LAST | CARRIE | MIDDLYNCH | LAST |
| 3 160 | WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (1F YES, GIVE Y | ED FORCES? 166 SOCIAL SECUI | | NCH, FRANKFORD, | DELAWARE |
| | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | one couse per line for (o), (b), one BY: CAUSE (o) | BRAL MITTER | LIB SCLLMOSTS | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Tother froumofic | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | | | |
| NON INITIAL | PART 2. OTHER SIGNIFICANT CO | DECUBITA | | MINAL DISEASE OR CONDITION GIVEN | IN PART 1(a) |
| CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES YES | VERE FINDINGS USED NG CAUSES OF DEATH? |
| 7 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. | Y YEAR 19 | RED (ENTER NATURE OF INJURY IN ITEM 18 PART | ORPART 2} |
| MEDICAL | 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA | (RM, ETC.) 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| n 24 is mo | 22a.1 certify that (I) (this hospital sow the deceased alive an above, (I) fire) (did) for and | [1 6 19 6 | , and that in (my) (por) opinion | death occurred on the date and hour or | 81, that (1) (perfost and from the couses stated |
| # Hen | 276. SIGNATURE TRAY | Rews No | DEGREE ATTENDING PHYSICIAN (| MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| MPORTANT | 22d. PHYSICIAN'S NAME (TYPE ONE | REEVES M. | 22e ADDRESS | CENTER; SALI | s Dury, N |
| ≥ 23a | BURIAL, CREMATION, REMOVAL | | AME OF CEMETERY OR CREMATORY XANA CEMETERY | 23d. LOCATION | OUNIY STATE X, DELAWARE |
| /81 724 | WARRAL DIRECTOR FR | ANKFORD, DELAW | IARE 250 DAT | TE REC'D. BY REGISTRAR 25b. REGISTRAI | R'S SIGNATURE |

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Page 4 may be

| (0 | 1 - STATE REGISTR | RAR | DEPAR | | ATE OF DEATH | | . NO. | 0 0 4 | | |
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| 7/= 11123 | 1. DECEASED N | IAME FIRST | MIDDLE | LAST | | 20 DATE OF DEATH | H MONTH | DAY YEAR | 2b. HOUR | |
| ath ath | | Mar | y R | McIlva | ine | Nov. | 20 | 1981 | 1:00 R | |
| | 3. SEX | Female | 4 RACE | S DATE OF | 21 1962 | 6. AGE (IN YEARS LAST | BIRTHDAY) | FUNDER I YEAR | IF UNDER 24 HRS HOURS MIN | |
| | 7a BIRTHPLACE | (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 7 1 | | 9 BALTIMORE CITY | | | | |
| 100 | COUNTRY) | Jersey | USA | WIDOWED | NEVER MARRIED DIVORCED | mico | MD | | | |
| by the to | | WN OF DEATH | 11. NAME OF HOSPITAL, NURS UF NOT IN SUCH FACILITY, GIVE STREE RIVERWALK NU | ING HOME OR | OTHER INSTITUTION | | | | ND OF BUSINESS OR | |
| The state of the s | New J | ersey Bu | or other institution, give residence before JNTY 132. CITY OR TO The Transfer of Mt. | Holly " | H INSIDE CITY LIMITS? | 38 Gran | it st | • | | |
| umpletely line 2 sho | PATHER'S N | nnis | Ryan | | Catherine | MIDDLI | Me | cElwee' | ST | |
| Pages 1 | I GR. WAS DECE (YES, NO OR U NO | ASED EVER IN U.S. A NKNOWN) | ANT WAR OR DATES | | Catherine | | oress Wenor | | | |
| Sicia Sers. Soval. | II CAUS | E OF DEATH (Enter | only ane cause per line for (a), (b), a | ind (c'.) | 1 | | | BETWEEN | ONSET AND DEATH | |
| atic atic | PART | I. DEATH WAS CAUS | ATE CAUSE (0) Quele | al H | Emon has | 34 | | 50 | min | |
| attending | Condific | ans, if any, which ise to immediate | DUE TO, OR AS A CONSEQUE | UENICE OF | 1 terinos | derosis | | 30 | pour | |
| ed by the ease rem rial, crem ry, or oth | cause | (a), stating the | DUE TO, OR AS A CONSEOU | UENCE OF | | | | | | |
| een sign Then pl or to bu any infu | | | CONDITIONS CONTRIBUTING TO | | | | | | | |
| n. ate has b t permit giene pri | RTIFIC | OF OPERATION | 196 CONDITION FOR WHIC | | | YES NO | IN CER | YES, WERE FINDING CAUSES YES | | |
| physicia physicia s certific al-transi ental Hy or Item 1 | 00.004130 | DENT WAS UNDERLYING RIBUTING CAUSE OF D NOTIFY MEDICAL EXAMINE | EATH HOUR A.M. MONTH | DAY YEAR | IL HOW INJURY OCCUR | RRED (ENTER NATURE OF H | NJURY IN ITEM 1 | I8, PART 1 OR PART 2 | | |
| After this the burier in and M | (IF EITHER 21d. INJU WHILE AT WORK | RY OCCURRED NOT WHILE AT WORK | 21 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | | II LOCATION STREET | CITY OR | TOWN | COUNTY | STATE | |
| ECTOR: for use as of Healt | | | pital attended the deceased from 19 and view the bady after death. | 01 | that in (ma) (our) opinion | death occurred on the | e date and l | | that (we) last causes stated | |
| r the hosp RAL DIR detached tate Dept NT: If It | 27% SIGNAPORE DEGREE M.D. ATTENDING MEDICAL STAFF 11/2 11/2 | | | | | | | | | |
| o FUNE o FUNE inth the Si | TH | SICIAN'S NAME (TYPE | 2. Hill Je. | U | Pine Blu | Contract of the Contract of th | Sali | Shurry | Md, | |
| BP | | remation, remova urial | 11/24/81 S | t. Mar | y's Cemete | ery Mt. H | | | | |
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bunded 11/2 /81 St. Mary's Cometery Mt. Holly sublances NJ 428 Xd2 8.31

. N. Anna Buscair

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REG. NO | | |
|--------------------------|-----------------|----------|
| TE OF DEATH MONTH | DAY YEAR | 26 HOU |
| ovember a | 1981 | 6 |
| (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER |

| | 1- | FOR STATE REGISTRAR | | | IEALTH AND MENTAL HYG | IENE 8 | 3 0 | 4 1 0 |
|---|---------------|--|-----------------------|-------------------------------|----------------------------------|---|--|------------------------------------|
| | | CEASED NAME FIRST OR PRINT) Mildre | d M. | Mc Kee | AST | Novemb | er 2, 1981 | 26 HOUR 5 6 PM |
| | 3 SE> | Female | 4. RACE Cau | 5. DATE O | H DAY YEAR | 6 AGE LINYEARS LAST BIR | MONTHS DA | EAR IF UNDER 24 HRS AVS HOURS MIN. |
| 1 | 0 | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | OUNTRY? B | D 🔯 NEVER MARRIED 🗆 | | YRS | 4 MD. |
|) | Sa | alisbury | Peninsul | a Genera | or other institution 1 Hopsital | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemak | F WORKING LIFE) INDUST | Own |
| 2 | 13a S D€ | - | JTY 13c CITY | or town idgevill | | | Box 192 | |
| 3 | | | Murphy | LAST | Cora Cora | Moore | Murp | |
| 3 | 16a W | VAS DECEASED EVER IN U.S. AR. | E WAR OR DATEST | CIAL SECURITY NO. -03-4252 | 17 INFORMANT Fred H. MC | | SO. Box lidgeville | |
| | | Conditions, if any, which gove rise to immediate couse io, stating the underlying couse last. | DUE TO, OR AS A C | onany at | heroschustic | Heart Dis | ence. | |
| | N O | PART 2. OTHER SIGNIFICANT OF | (1) | TING TO DEATH BUT | fully . | ANGULLY | | (150) |
| | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FO | DR WHICH OPERATIO | | 200 AUTOPSY? YES □ NO 🔀 | 206 IF YES, WERE FIN IN CERTIFYING CAU YES | SES OF DEATH? |
| , | MEDICAL CE | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | P.M. | ONTH DAY YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART 1 OR PART | 2) |
| | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 12 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | | | STATE |
| | | 220.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did no | 11/2/8/ 3/1 |) . 19, o | nd that in (my) (our) opinion o | to 11 2 3 death occurred on the do | ote and hour and from | |
| | | 22b. SIGNATURE | eq. | | 7 | MEDICAL STAF DIRECTOR PHYSIC | FF _ 111 | ATE SIGNED |
| | | H.R. HES | RPRINT) | | 614 e EA | SALISBU | TOKE Dri | 100 21 807 · |

DHMH - 16 50M 1/BI (VRA 15, 4)

230 BURIAL, CKL. 5,1981 Hillcrest 202 Laws St. Bridgeville,

136 DATE

Nov.

123d LOCATION Federalsburg, Caroline, MD 6 1981 Cosnes Lan Mary

DE 19933

231 NAME OF CEMETERY OR CREMATORY

Salisbury - Pentheula Ceneral Mopaidal seminimi es municipal detected IS madey TO LEGIT TO THE PROPERTY OF TH Total Francisco Control Laboration

DHMH - 16 50M 1/81 (VRA 15, 4)

| | 1- | FOR STATE REGISTRAR | ζ | DEPARTI | | EALTH AND | MENTAL HYG DEATH | | REG. NO. | 0 4 | |
|---|---------------|---|-------------------------------|--|------------------|----------------|-----------------------|-------------------------|-------------------------------|--|-----------------------|
|) | | CEASED WANT FIRST | h A RACE | MIDDLE | Jor S. DATE C | ter Ferri | nuto, | Novem | ber 11 | DAY YEAR | 3 33/p M |
| | | m | u | 7 | MONTH | 233 | YEAR 2/ | 60 | YRS | MONTHS DAYS | HOURS MIN |
| 19 | | IRTHPLACE (STATE OR FOREIGN COUNTRY) Onkers, N. Y. | USA | WHAT COUNTRY? | MARRIEI WIDOWE | NEVER / | WARRIED T | 9. BALTIMORE | | ITY OF DEATH | |
| 20 | | ITY OR TOWN OF DEATH | 11. NAME OF H | OSPITAL, NURSIN H FACILITY, GIVE STREET | ADDRESS) | R OTHER INS | TITUTION | | CUPATION R MOST OF WORKING | 126 KIND (| MD. OF BUSINESS OR |
| 20 | | alisbury AL RESIDENCE (IF NURSING HOME OR | Penin | sula Ge | nera | 1 Hos | pital | Minis | ter | Minis | stry |
| 35 | M. | aryland Wice | Omico | Salisby | 'N | 13d INSIDE C | NO 🗌 | | ustice | Ave. | |
| 2 | 14 FA | | MIDDLE | LAST | | | FIRST | | IDDLE | . 14 | 51 |
| 20 | 160 V | Angelo Ra. | | ntemuro | | 17 INFORMA | Anna | | | agarie. | |
| 1 | D | | E WAR OR DAYES) | THE SOCIAL SECO | | | | T. Mon | 3 | | |
| 18 CAUSE OF DEATH :Enter only one couse per fine for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM | | | | | | | | | | De Compart I | |
| 2 | CERTIFICATION | 19a. DATE OF OPERATION | - K | TION FOR WHICH | OPERATION | | | | IN CER | YES, WERE FINDI TIFYING CAUSES YES [| |
| 9 | To . | 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A. | M. MONTH DA | YEAR | Z1c. HOW IN | JURY OCCURR | ED (ENTER NATURE | OF INJURY IN ITEM I | 8 PART I OR PART 2) | |
| | MEDIC | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE ((AT HOME, STR | OF INJURY EET FACTORY, OFFICE F | ARM ETC | 2H. LOCATIO | N | CI | TY OR TOWN | COUNTY | STATE |
| | | 20 I certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE | | 11/ 195 | 7 | d that in (my) | (our) opinion d | eoth occurred or | the dote and h | . 19, our and from the | |
| - | | 22d PHYSICIAN NAME (TIPE O | R PRINTS | 525 | ton | A | TTENDING PHYSICIAN | MEDICAL DIRECTOR 1 | STAFF PHYSICIAN [| 11/ | 1/8/ |
| 1 | NJ. | John G. | ^ | a. MD | | PGH / | | 1 Center | Salis | bury, N | laryland |
| | 23a B | BURIAL, CREMATION, REMOVAL | 23b DATE | 23(↑ | | METERY OR | REMATORY | 23d LOCATIO | | COUNTY | STATE |
| | _ | urial UNERAL DIRECTOR | 11/14 | 1/81 Wid | comic | o Mem | | Salis | bury, I | Wic., M | laryland |
| | | OLLOWAY FUNE | RAL HOM | E, Sali | sbur | y, Md. | NOV | 16 198 | 1 Coserce | ISTBAR'S SIGNAT | Keithen |

STATE OF MARYLAND

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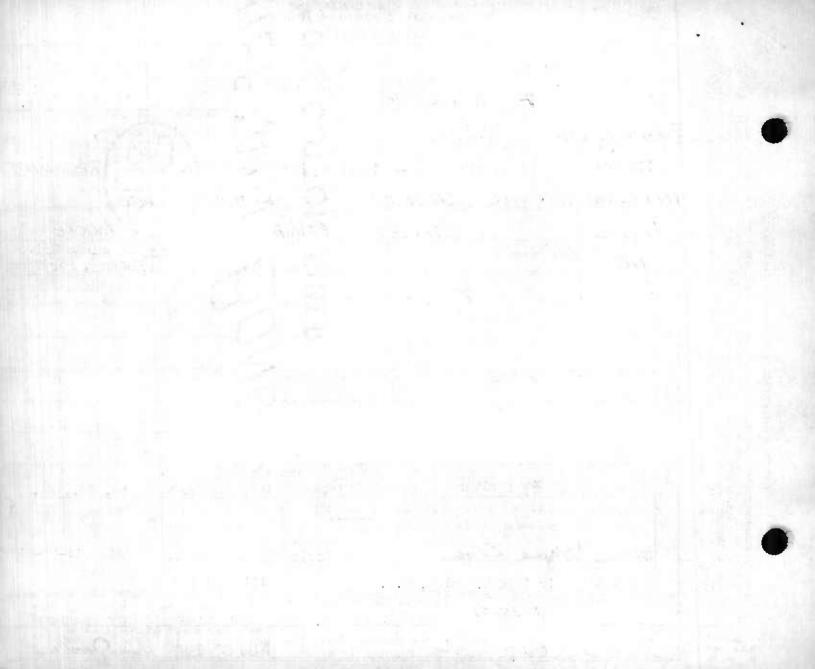
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Salishary Peninaula Coneral Hospital

John G. Gren, MD Part Med at Delie and Maryhard

| 1-5 | OR | | TE OF MARYLAND HEALTH AND MENTAL HYG ER'S CERTIFICATE OF L | | . 1 2 |
|--|--|---|--|---|--|
| | EASED NAME FIRST OR PRINT) Calvi | | Moore | 20. DATE KNOWN MONTH OF ESTI- DEATH MATED X 1 | 7 1981 M |
| 3. SEX Ma | le Black | DATE OF BIRTH MONTH DAY YEAR (AST BIRTHD) 5 02 19 YE 6. CITIZEN OF WHAT COUNTRY? | RS. | PRONOUNCED DEAD | 19 1981 a. M |
| SHA | RPTOWN MD | U.S. A. I. NAME OF HOSPITAL, NURSING HOME | MARRIED NEVER MARRIED, WIDOWED DIVORCED | 9. BALTIMORE CITY OR COUNT WICOMICO COUNT B. USUAL OCCUPATION (TYPE OF WORK | |
| Sa Superior Sa | I isbury RESIDENCE (IF IN NURSING HOME OR C | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) West side of the W OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | icomico River | FOR MOST OF WORKING LIFE) BORER | RESTAURANT |
| TARSE VOINT | RYLAND WICOM | | 15 MOTHER'S MAIDEN N | THOMAS LANE | |
| DEATH DEATH | ANIEL AS DECEASED EVER IN U.S. ARME | | EMMA | WIDDLE | MOORE amingo Drive |
| Sofe = | 18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED E | one couse per line for (o), (b), and (c).) | Ruth Roberts | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if ony, which gove rise to immediate couse (a) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS COI | CAUSE (a). Drowning Due to, or as a consequence of the term Output (c). Output | DF . | d | |
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| ATTING THE WORD REDS TO THE CHE RED TO THE CHE REDEARTMENT OF REDEARTMENT OF REDICAL CERTIFIC | 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | subject as for | enter nature of injury in item 18 part 1 or p. ound in sater | |
| 4 4 4 E S | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 11e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) | Vicomico River | | ounty state Co., Md. |
| HOULD BE FOR IN DIRECTOR: ALL WITH THE SEE WARYLAND, | death resulted fram: Natural ACTUAL SIGNATURE Urague | a Kolan | TITLE (SPECIFY) M.D. <u>Assistant</u> | Inquiry , and in my of Jndetermined manner , DATE SIGN Penn Street | 11-20-81 |
| (SPE | RIAL, CREMATION, REMOVAL 236 | inia L. Dolan, M.D. Date -25-81 CDEEN ACC | AETERY OR CREMATORY 23 | 3d. LOCATION CITY OR TOWN COL | |
| 24 FUI | NERAL DIRECTOR | IGREEN AC ADDRESSRt. #2, JER APEL SALISBURY, M | SEY ROAD 250. DATE REC | SALISBURY WICOMICO D. BY REGISTRAR'S V 2 5 1981 Registrar's | |



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Marcheol 2.5 A House William Securior Salisbury Peningula Congral Hospital Joseph Salisbury Me Merce Bress y K 125 Bresser De The same of the sa

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(VRA 15, 4)

STATE OF MARYLAND

and the second of the second of the second Salisbury ... Peningula tenunal Eospital in v. Original Salisbury July a Test a Test and the State of the Stat

| 1 - | FOR - STATE REGISTRAR | DEPA | STATE OF MAR RTMENT OF HEALTH AI CERTIFICATE O | ND MENTAL HYGIE | NE 8 1 3 | 0 4 1 |
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| | CEASED NAME FIRST | MIDDLE | LAST | | 20. DATE OF DEATH MONTH | DAY YEAR 26 HO |
| | Dora | Victoria | Mower | 27 | November 2 | 2.1981 4 |
| 3. SE | X | 4 RACE | 5. DATE OF BIRTH | | . AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER |
| F | emale | White | | 1.1909 | 72 YRS | MONTHS DAYS HOURS |
| | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTE | Y? 8. MARRIED NEV | ER AAA BRIED T | BALTIMORE CITY OR COUNTY | Y OF DEATH |
| | Maryland | U.S. | WIDOWEDE | DIVORCED [] | Wicomico | |
| 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME OR OTHER | INSTITUTION I | 20 USUAL OCCUPATION | 126 KIND OF BUSIN |
| S: | alisbury | Peninsula G | ' | | (TYPE OF WORK FOR MOST OF WORKING LII Homemaker | FE) INDUSTRY |
| USU | AL RESIDENCE (IF NUR INC. | MOTHER INSTITUTION GIVE RESIDENCE BE | ORE ADMISSION) | | | |
| 13a. : | STATE MA COL | | | | 3e STREET ADDRESS | ala Dana |
| 14. F | Md. I I | Dor. Cambr | | IER'S MAIDEN NAME | 123 Choptan | ik Ave., |
| | FIRST | MIDDLE | | | | Schult |
| 14 | Alexander | Zarno | | Christ | ADDRESS | Schult |
| | | IVE WAR OR DATES) | | | | |
| | NO | 216-2 | 4-1699 Mr. | s.Mary P | arks,Salisbur | |
| | 18 CAUSE OF DEATH (Enter of | only one couse per line for (0), (b), | ond (ci.) | 0 0 % | 1 | APPROXIMATE INT |
| | PART I. DEATH WAS CAUS | ATE CAUSE (D) | su ence | narof | acry | 3000 |
| | 41990 | | A A | 7 | ~n. | |
| | Conditions, if ony, which | DUE TO, OR AS PEONSEC | REAL. Y | Tands | sill. | |
| | gove rise to immediate | (6) | 1 | 0 . 1 | 1 0 N | |
| | couse (a), stating the underlying couse last. | DUE TO, OF AS LEONSEC | CHENCHOF ST | Cardis | Vascular or | semo |
| | | (c) | | - | ., . | |
| Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING 1 | O DEATH BUT NOT RELA | TED TO THE TERMIN | IAL DISEASE OR CONDITION GIV | VEN IN PART 1101 |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHI | CH OBERATION WAS BE | DEODIAEO | 20g AUTOPSY? 20b. IF YES | S, WERE FINDINGS USE |
| FIC | THE DATE OF OPERATION | 170 CONDITION FOR WHI | CH OPERATION WAS PE | KFOKMED | | FYING CAUSES OF DEA |
| RTI | | | | | | S NO |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | DAY YEAR 716. HOV | V INJURY OCCURRE | D (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| EDICAL | (IF EITHER NOTIFY MEDICAL EXAMIN | | 19 | National Control | | |
| 03 | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC | 2)((OC | ATION | CITY OR TOWN | COUNTY |
| Σ | AT WORK NOT WHILE AT WORK | TAT HOME STREET, FACTORY, OFFIC | E, FARM EIC) | 1 | | -1 |
| < | | pital) attended the deseased from | 11110 | 1 19 8/ | 10. 11/22/ | 19 5 J that (I) |
| ~ | 220 Certify that (I) (this has | | | Live Continued | oth occurred on the date and lou | er and from the causes s |
| < | sow the deceased olive o | 2 1124 19 | , and that in | ing wer opinion de | | |
| < | sow the deceased olive o obove, (I) (we) (did) (did) | ot) view the body ofter death. | | per) opinion de | on occorred on the pore end to | |
| < | sow the deceased olive o | ot) view the body ofter death. | DE GREE | ATTENDING | MEDICAL STAFF | |
| < | sow the deceased olive o obove, (I) (we) (did) (did n 22b. SIGNATURE | ot) view the body ofter death. | DEGREE | ATTENDING PHYSICIAN | | |
| < | sow the deceased olive o obove, (I) (we) (did) (did) | ot) view the body ofter death. | | ATTENDING PHYSICIAN | MEDICAL STAFF | 22c. DATE SIGNED |
| ~ | sow the deceased olive o obove, (I) (we) (did) (did n 226. SIGNATURE | ot) view the body ofter death. | DEGREE | ATTENDING PHYSICIAN | MEDICAL STAFF | |

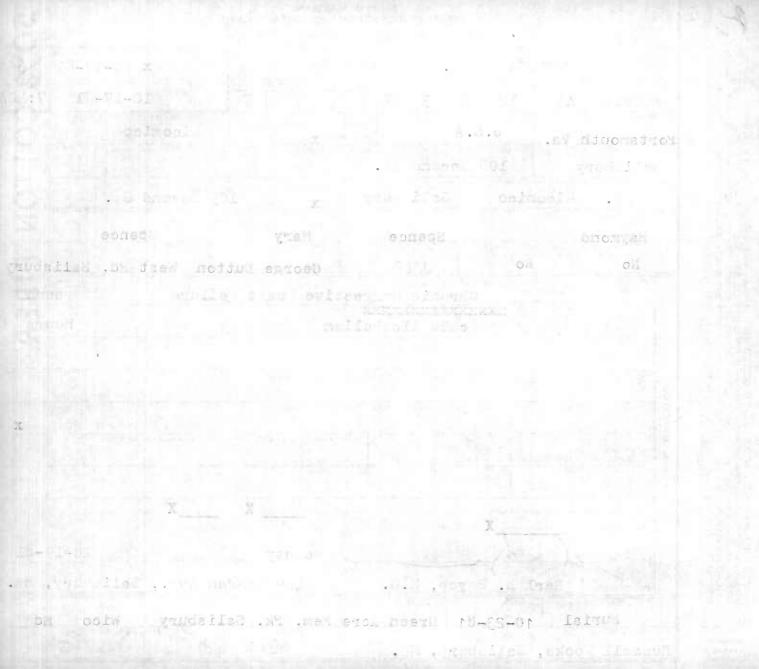
DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

Thomas Funeral Home, Cambridge, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled witwith the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

opinopiti i della presidenti della propina di constituti d Salisbury [Deminsula Ceneral Boardan | doggamicor . . Int. compared the same a stand of the best-con-Assert In the second and the second The state of the s all summable life 37 vet election of the comment of the comme

| 2 | 41- | FOR STATE | | DEPARTMENT OF H | | ENTAL HYGIEN | | 30 | 4 1 | 6 |
|--|------------------|---|-------------------------------|--|-------------------------|--|--|--------------------------------|-------------------------------------|-------------------------|
| 8 | (TY | REGISTRAR CEASED NAME FIRST PE OR PRINT) PEC | | EDICAL EXAMINI MIDDLE R. N | EWSOME | CATE OF DEA | 20. DATE KNOWN OF ESTI- | MONTH | DAY YEAR | 26. HOUR |
| SY, PLEASI OIRECTOR DUR. FILES 72 HOUR: | 3. SE | | 5. DATE OF BIRTH | 1 6 AGE (IN YEAR | IF UNDER 1 YR. | IF UNDER 24 HRS. HOURS MIN. | DEATH MATED - 2c. DATE PRONOUNCED DEAD | MONTH | DAY YEAR 81, | 6 A 24 HOUR 1:40A |
| NECESSA FUNERAL 5, WITHIN W. PRESTO | 70. B | IRTHPLACE (STATEOR OREIGN COUNTRY) | U.S. | • A | MARRIED NEV | VER MARRIED DIVORCED | 9 BALTIMORE CITY Wicom: | ico | | MD. |
| DELAY IS TO THE N PAGE 105 SPILE | | Salisbury | 108 | IT NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 100 Second St. ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | | OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IFE) | | YPE OF WORK | 12b KIND OF BUSINESS OR INDUSTRY | |
| S. 21201 F ANY S. RETAIL SHOULD | 13a. S | Md. Wic | comico | Salisbur | AES# INZIDE CIT | | 05 Secon | d St. | | |
| DEATH. IF DEATH. IF NGES 1, 2, NM PM 3. I AND 2 SP OFFVIAL | | ATHER'S NAME FIRST Raymond WAS DECEASED EVER IN U.S. | MIDDLE | Spence | Ma Ma | R'S MAIDEN NAME | MIDDLE | pence | LAST | |
| BALTIMORE, IRS AFTER DEAT OFFE PAGES WITH FORM P I. PAGES I AND DIVISION OFFU | 100. | YES, NO, OR UNKNOWN) (IF YES, | No No | unk | | | ton Wes | | Salis | |
| TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE. WRITING THE WOORD "FRUNDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2. AND 31 O'THE FUNRAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. AFTER DEATH, WITH THE STATE DEPARTMENT OF HALLIH AND MENTAL HYGEIEN, DIVISION OF WITH RECORDS, 201 W PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | Canditians, if any, who gave rise to immed cause (a) stating the unitying cause lost. | DIATE CAUSE (o) Colored (b) A | he far (a), (b), and (c).) Thronic Con XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | x olism | Heart F | ailure | 4 2 | hou: | I'S |
| L RECORDS, JID BE EXECT "PENDING" "PENDING" PAS A BUR HEATH AND LI, CREMATIC | ATION | PART 2 OTHER SIGNIFICANT (DHOIT) | | H BUT NOT RELATED TO THE TERMIN | | 15 5 8 7 | | | 20 AUTOPSY? | |
| DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." R 3 SHOULD BE USE E DEPARTMENT OF HOT PRECOFF TO BE USE TO SHOULD BE USE TO SHOW | AL CERTIFICATION | 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE | HOUR A. | M. MONTH DAY YEAR | ZIC HOW INJURY | OCCURRED (ENTER) | NATURE OF INJURY IN ITEM.) | 18 PART 1 OR PART 2 | YES 🗆 | МОЖ |
| DIVISIO HIS CETTE WRITING: VARDED TO AGE 3 SHC ATE DEPAR | MEDICAL | 21d INJURY OCCURRED WHILE AT WORK AT WORK | 21e PLACE | M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.) | 211. LOCATION STREET | | CITY OR TOWN | COUNT | Y | STATE |
| AL EXAMINER: 1 HHE CERTIFICATE, HOULD BE FORM HOULD BE FORM THI, WITH THE ST SE, MARYLAND, SE, | | 22e. I certify that I taak cl death resulted from: N ACTUAL SIGNATURE | atural causes, X, | escribed obave, held an Accident , Suic | TITLE (SF | PECIFY) | Inquiry X contemporary Contempo | ond in my opinion DATE SIGNED | 10-19 | -81 |
| TO MEDIC EXECUTE 1 PAGE 4 S ATTER DE | 230 E | EXAMINER'S NAME (TYPE OR PRINT) E | | yer, M.D. | ADDRESS_L | | len Ave., | | | |
| BP | 24 F | Burial UNERAL DIRECTOR NAME USSELL FOOK: | 10-23-6 | Green A | cre Mem. | | lisbury | GIS PAR'S SIG | o M | d |
| 15M 2/80 | | | , | 7,7,7,7,000 | 1 | | | | | |



| | 1. | STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL H | YGIENE U REG. NO. | |
|----|---------------|--|--|---|--|--------------------------------|
| | | CEASED NAME FIRST OR PRINT) | MIDDLE | LAST L | 20 DATE OF DEATH MONTH DAY | YEAR 26 HOUR |
| | 3. SE: | | James Thomas | S. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) IF | UNDER I YEAR IF UNDER 24 H |
| | 3. JE. | male | white | Jan. 18, 1891 | MON | NIHS DAYS HOURS M |
| 11 | 7a BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8. | 9 BALTIMORE CITY OR COUNTY OF | FDEATH |
| 3 | | rginia | USA | MARRIED NEVER MARRIED WIDOWEDX DIVORCED | Wicomico | |
|) | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | ADDRESS HOSPITAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) retired Denti | 126. KIND OF BUSINESS INDUSTRY |
| 5 | 130. S Ma | ryland Wor | OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY I34. CITY OR TOV | VN 13d. INSIDE CITY LIMITS? Ke YES ▼ NO □ | 13e STREET ADDRESS 205 Second St | |
| 1 | | ther's name Horace | MIDDLE LAST NOCK | | enia | Gardner |
| 2 | | VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (1F YES, C NO | GIVE WAR OR DATES) | | W. Hague Millin | gton, Md. |
| | | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | only one couse per line for (a), (b), or SED BY: | eunana | | BETWEEN ONSET AND DE |
| | 7 | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | ENCE OF | | |
| | ATION | PART 2. OTHER SIGNIFICANT | | DEATH BUT NOT RELATED TO THE TEL | RMINAL DISEASE OR CONDITION GIVEN 200 AUTOPSY? 206. IF YES, W | VERE FINDINGS USED |
| 1 | CERTIFICATION | TYE. DATE OF OPERATION | . The CONDITION FOR WHICH | TOPERATION WAS PERFORMED | | NG CAUSES OF DEATH? |
| 7 | - | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN | EATH HOUR A.M. MONTH D | | URRED (ENTER NATURE OF INJURY IN ITEM 18 PART | 1 OR PART 2) |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. | FARM, ETC.) 211. LOCATION STREET | CITY OR TOWN | COUNTY STAT |
| | | 220.1 certify that (I) (this has sow the deceased alive a above, (I) (wet (did) (did- | pital) attended the deceased from 19 19 19 | 61, and that in (my) (aur) opinion | on death occurred on the date and hour of | nd from the couses state |
| | | 22b. SIGNATURE M | 3 Hover m | DEGREE ATTENDING PHYSICIAN | | 11/29/4/ |
| 7 | | 22d PHYSICIAN'S NAME (TYPE | | 22e ADDRESS | | |
| | | BURIAL, CREMATION, REMOVA SPECIEV) Burial | 4 4 | NAME OF CEMETERY OR CREMATOR arksley Cemete | CITY OR TOWN | comack Va |
| 1 | 24 Ft | JNERAL DIRECTOR | ADDRESS Ci | ±17 Md | CC3 BY RT98RAR 256 HISTRA | San Marie |

STATE OF MARYLAND

on thon IV Salis ury Peningula General Hospital

| | 1. | FOR STATE REGISTRAR | DEPARTI | MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | REG. NO | 0. |
|---|---------------|--|---|---|--|--|
| 1) | | CEASED NAME STEV | en - | odds | | MONTH DAY YEAR 26 HOUR PAR 17, 1981 3:10 M |
| and a second | 1 58 | 2010 | White | S. DATE OF BIRTH MONTH DAY YEAR NOV. 9 | 6. AGE (IN YEARS LAST BIRT | THDAY) IF UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS. |
| 134 | Je. B | MACHLAND | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY O | R COUNTY OF DEATH |
| 180 | | alisbury | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Ge: | IG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION OF THE PROPERTY OF THE PR | ON 126, KIND OF BUSINESS OR |
| 11 33 | USU 13a | AL RESIDENCE (IF NURSING HOMEOR STATE 13b COUN | OTHER INSTITUTION, GIVE RESIDENCE BEFORE 134 CITY OR TOW OMILD SALIS | N 13d. INSIDE CITY LIMITS? | 13e STREET ADBRESS | ottontail Dr. |
| ond 2 | 14 F | Joseph | MIDDLE BASIL | 15. MOTHER'S MAIDEN NA DERED CA | ME | Christy |
| Pages 1 | 160 \ | | MED FORCES? 16b. SOCIAL SECU | e Joseph Oc | dis SALI | Souny, Md, |
| n signed by the ottending phys. Then please remove corbon pol r to buriol, cremotion, or removinjury, or other troumotic event. | NOI | Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. | DUE TO, OR AS A CONSEOUI | erratory Failure Recore Prematurity | MINAL DISEASE OR CONI | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(0) |
| permit. | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| the buriol-transit | MEDICAL CER | 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IN EITHER NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE | | 210 HOW INJURY OCCUR 19 211 LOCATION STREET | RED (ENTER NATURE OF INJUR | |
| (AL DIRECTOR: After detached for use os os ose Dept. of Health (AT. If Item 21 is mork | | 220-1 certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE | tol) oftended the deceosed from | DEGREE ATTENDING | death accurred on the do | ote and hour and from the causes stated 22c. DATE SIGNED |
| should be de with the Stote | | Sid W. Atl | r PRINT) | BOX 188 Pri | ncess Ann | rc md. 21801 |
| 5438 | 230. | BURIAL, CREMATION, REMOVAL | 23b. DATE 11/18/1981 DE | NAME OF CEMETERY OF CREMATORY | 23d LOCATION CITY OF TOWN | es Sussex Del |
| - 16 50M 1/B1 RA 15, 4) | 24 F | UNERAL DIRECTOR L BA | unde Satorest | 250 M | FREAD BY REGISTRAR | 256 REGISTRAR'S SIGNATURE |

STATE OF MARYLAND

Manager Land Control of the Control Salisbury Peninsula General Hospital Color Color

| 6 | 1. | FOR - STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | | 0419 |
|---|---------------|--|--|--|--|
| ann 24 hours after deoth. Page 4 may be yf filled in by the funeral digestor, page 3 should be filled within 72 hours after deoth er must be notified dignice. | 3. SE | CEASED NAME FIRST X FEMALS IRTHPLACE (STATE OFFOREIGN POUNTRY) FEURN VILLE Hd. ITY OR TOWN OF DEATH | A. RACE J. DATE OF BIRTH J. DAY J. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PENINSULA GENERAL HOSPITAL OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 9 BALTIMORE CITY OR COUN WICOMICO 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSE WIT | MD |
| n ond completely Poges 1 and 2 sh medical examiner | 16a \ | JAMES VAS DECEASED EVER IN U.S. ARA | MIDDLE LAST IS MOTHER'S MAIDEN FIRST HA MED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT, E WAR OR DATES) 220-26-1736 RALPH | Hie MIDDLE PAIMER BAME | GROVE BS Above |
| equires that the death certificate k signed by the attending physicio Then please remove corborpopers to burial, cremotion, or removal. njury, or ather traumotic event, the | NO | Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. | y ane cause per line far (o) (b), and (c).) D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T | ERMINAL DISEASE OR CONDITION G | APPROXIMATE INTERVAL BETWEEN CHIEFT AND DEATH CHUCKELLAL IVEN IN PART 110 |
| IN: The low re hysicion reate hos been roost permit. I Hygiene primit. I B shows ony in | CERTIFICATION | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 21c. HOW INJURY OCC | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES |
| ITAL OR ATTENDING PHYSICIA by the hospital or attending pi (RAL DIRECTOR After this certificate detached for use as the buriolitistic Dept. of Health and Mental NT: If them 21 is marked or them | MEDICAL | OR CONTRIBUTING CAUSE OF DEA: (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE ALWORK 22d. I certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF 22d. PHYSICIAN'S PHY | 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. FARM, ETC.) 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. FARM, ETC.) 21f. LOCATION STREET 21f. LOCATION STREET 21f. LOCATION STREET DOI) view the bady after death. DEGREE ATTENDING PHYSICIAN | CITY OR TOWN COUNTY STATE , 19 , that (I) (we) last |
| TO HOSPITAL retained by th TO FUNERAL should be den with the State IMPORTANT: | 23a. I | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c NAME OF CEMETERY OR CREMATOR | CITY OR TOWN | COUNTY STATE |
| DHMH - 16 50M 1/BI (VRA 15, 4) | 24 F | UNERALDIRECTOR MOLLEY M | THE CONTRACTOR ACTOR | DATIS BURY DATE REC'D. BY REGISTRAN 256. REGIS NOV 201981 Zam | STRAP SIGNATURALLER |

the state of the s Entisbury Panindula General Hospital (1 2 constant or and Therefore and the many of the party of the party MAN MARKET THE THE SHEET STATE OF THE PARTY
STATE OF MARYLAND

AND WAS TO THE TOTAL SECTION OF THE
| 1 | | | STATE OF MARYLAND | 0 1 | 4 61 3 / |
|-----------------------|--|--|--|--|---|
| | FOR - STATE | DEP | ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE O | S U " 6. 1 |
| 1.5 | REGISTRAR FCEASED NAME FIRST | MIDDLE | LAST | REG. N | |
| (TY | ECEASED NAME FIRST | MIDDLE | 0000000 | 2a. DATE OF DEATH | 15 (6) 54 |
| 0.6 | ELLEN | C. | PEACHER | | 522 12,17812 5 |
| 3. SI | :X | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BI | MONTHS DAYS HOURS MIN |
| 1 | -EMALE | WHITE | 4 19 192. | | YRS. |
| 30 | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | MARRIED NEVER MARRIED | | OR COUNTY OF DEATH |
| 22/1 | TY OR WIN OF DEATH | US A | RSING HOME OR OTHER INSTITUTION | Wicom | 14. |
| | Salisbury | Peninsula G | eneral Hospital | 128. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF | |
| | JAL RESIDENCE (IF NURSING HOMEOR STATE | | | 13e STREET ADDRESS | YOI CEDAR S. |
| | ATHER'S NAME | HE3/64/19/11/01 | 15 MOTHER'S MAIDEN N | AME | |
| 91 | PIRST | MIDDLE LAST | A 1 A/4 A A | MIDDLE | LAST |
| 160 | WAS DECEASED EVER IN U.S. AR | | SECURITY NO. 17 INFORMANT. | ADDR | ESS YOICEDAR SI |
| 2 | (YES. NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | 2 5976 LURRAINE | LEWIS | CORPORT SI |
| | 18 CAUSE OF DEATH (Enter on | lu san coura par luna for (a)-(b | 2.011a | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 200 | PART I. DEATH WAS CAUSE | D BY: | weer of hung | | 11 |
| | IMMEDIAT | 2 011002 (0) | | | Hyears |
| | 1627 | DUE TO, OR AS A CONSE | EQUENCE OF | | |
| 100 | Conditions, if only, which gove rise to immediate | (p) | | | |
| -110 | couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSE | QUENCE OF | | |
| | DADI 2 OTHER CICAREC AND | (c) | TO DE ATURIUS NOT BELLATED TO THE TER | | |
| Z Z | PART 2. OTHER SIGNAFICANT C | ONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TER | MIN AL DISEASE OR CON | DITION GIVEN IN PART 110 |
| NO. | | T | HOLL OREDATION INVACABLE OF THE COLUMN | 20a AUTOPSY? | 206. IF YES, WERE FINDINGS USED |
| T = | 190 DATE OF OPERATION | 196. CONDITION FOR WE | HICH OPERATION WAS PERFORMED | ZUQ AUTOPST: | |
| PICATI | 19a DATE OF OPERATION | 196, CONDITION FOR WE | TICH OPERATION WAS PERFORMED | | IN CERTIFYING CAUSES OF DEATH? |
| LO SERTIFICATI | 190 DATE OF OPERATION | 21b. TIME OF INJURY | 21c HOW INJURY OCCU | YES NO | IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| D TO AL CERTIFICATION | 2)0, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 21b. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR 21¢ HOW INJURY OCCU | YES NO | IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| | 2) a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR 19 211 LOCATION | YES NO | IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART OR PART 2) |
| 9 18 | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR 19 211 LOCATION | YES NO | IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART OR PART 2) |
| 9 18 | 21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF | DAY YEAR 19 211 LOCATION STREET | YES NO | IN CERTIFYING CAUSES OF DEATH? YES NO RY INITEM 18, PART 1 OR PART 2] WN COUNTY STATE |
| | 21g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (HE RITHER, NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED NOT WHILE AT WORK NOT WHILE AT WORK (1) CONTRIBUTION OF THE CONTRIBUTI | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF | DAY YEAR 19 211 LOCATION STREET | YES NO NO CITY OR TO | IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART OR PART 2] WN COUNTY STATE |
| | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that () (this hosput sow the deceosed glive and obove. (1) they are a source of the control of t | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF | DAY YEAR 19 211 LOCATION STREET DM 11 - 7 , 19 31 | YES NO NO CITY OR TO | IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART 1 OR PART 2] WN COUNTY STATE 19 |
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| MEDICAL | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this haspus sow the deceased glivy on above. (I) (was reserved to both the control of the contr | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF | DAY YEAR 19 FICE, FARM, ETC.) 211. LOCATION STREET DECT. DECT. DEGREE ATTENDING PHYSICIAN | YES NO RRED (ENTER NATURE OF INJUDENT OR TO 11 - 11 - 11 or to an about occurred on the december of the decemb | IN CERTIFYING CAUSES OF DEATH? YES NO |
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| MEDICAL | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT W | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFI 101) ottended the deceosed from 11 11 11 view the body after death. | DAY YEAR 19 FICE, FARM, ETC.) 211. LOCATION STREET DECT. DECT. DEGREE ATTENDING PHYSICIAN | YES NO RRED (ENTER NATURE OF INJUINATION OF INJUINA | IN CERTIFYING CAUSES OF DEATH? YES NO |
| MEDICAL | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF ETIMER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (If this haspus sow the deceased give on obave, (I) the product of the deceased give on 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1476.) | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFI 101) ottended the deceosed from 11 11 11 view the body after death. | DAY YEAR 19 211 LOCATION STREET DIM | YES NO NO RRED (ENTER NATURE OF INJUITY OR TO 11 - 11 - 11 or deep not occurred on the deep not | IN CERTIFYING CAUSES OF DEATH? YES NO |
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Meta y and a second of the sec Salisbury Peninsula Cemeial Boshital 16974 100 TRANSPORTER

| 20 | 4 | 1. | STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 4 2 2 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. |
|----------------------------|---|---------------|---|
| | e 4 moy be | | DEASED NAME OR PRINT) Margaret H, Peacock November 5, 1981 4 RACE S. DATE OF BIRTH MONTH DAY VEAR 16 AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN. |
| • | he funeral dire | V | TYPE TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WICOMICO WICOMICO MD. 12. USUAL OCCUPATION |
| 021201 | ours of the filed | Sa | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WOD FING LIFE) INDUSTRY |
| MARYLAND 21201 | ompletely filled ond 2 should be examiner must | 14. FA | THE ST NAME Frank Harkrader Tanie Smith |
| BALTIMORE, | be execution and co | | AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 217361477 Maurice L. Rescock, Snow Hill, Md. |
| 201 W. PRESTON ST., | equires that the death certificate is signed by the attending physica. Then please remove carbon paper to buriol, cremation, or removal. nivry, or other froumatic event, the | NO | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 |
| AL RECOR | has been to permit. The prior was only in the prior was only in the prior was only in the prior | CERTIFICATION | 196. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO |
| DIVISION OF VITAL RECORDS, | HYSICta nding p nis certif buriol-r I Mentol | MEDICAL CE | 216. ACCIDENT WAS UNDERTYING ACCOUNTED TIME OF INJURY OR COUNTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 217. TIME OF INJURY IN ITEM 18, PART 1 OR PART 2) 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. STREET CITY OR TOWN COUNTY STATE |
| NIG | OR ATTENDING he hospital or of DIRECTOR: Afti coched for use as t Dept. of Health If hem 21 is mort | | AT WORK AT WOR |
| | TO HOSPITAL retoined by to FUNERAL should be det with the Store IMPORTANT. | 23a E | 120 ADDRESS (14MES 6, Chifford my \$12 Medical Center Schiosof Medical Control Schiosof Medical Control Schiosof Medical Control States |
| | DHMH - 16 50M 1/B1 (VRA 15, 4) | 24 FL | NERAL DIRECTOR NAME OF MAN NAME NAME OF MAN NAME NAME OF MAN NAME |

Margaret // Tenegge November 5 1781 - 179 w [2] 5 Virginis Calishury Femineula Weneral Rospital / 1882 2018 - Fam / 1884 THE RESERVE STATES IN THE STATES OF THE STAT Frank Hackersler dance Smith 1. 1 - 2736.497 Hannes L. 16 : 001 Sura Hill Hall Care to the Continue of the STATE OF THE PARTY Burrell 11-854 WESTERST HETT STONE FAIR HOPENS Howar to Dennis Somethill Med and I wanted

| 2 | 1- | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 30423 |
|--|-----------------|--|---|---|---------------------------------|--|
| (1) | 1. DE1 (1996 | CEASED NAME WALT | ON A | Phillips 15. Date of Birth | Novemb | er 24 1981 945 PM |
| (e) | | MALE | CAUCASIAN | MONTH 20 / 9EAR 20 / 12 | 69 | YRS MONTHS DAYS HOURS MIN. |
| 35 | 1 | (I) (I) (I) . 5. | CITIZEN OF WHAT, COUNTRY | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR Wicomi | CO |
| The the filed was | 2 | Salisbury F | eninsula Ger | | 126 USUAL OCCUPATIO | WORKING LIFE) INDUSTRY |
| A State | 13a. S | | Y 13c. STY OR TO | TICO YES NO [| 130 STREET ADDRESS | avantico, M) |
| Total Complete | - | TJIZC " | Phillips | 15. MOTHER'S MAIDEN NA | Garage 6 | (// LAST |
| in and c | | VAS DECEASED EVER IN U.S. ARM | | 34 01031 | ence Ph | Ilips Quantico |
| a physical an paper removal. | 1 | PART 1. DEATH WAS CAUSED | ane cause per line lar (a), (b), a BY: CAUSE (a) RESPIR | ndichi RATORY FAILUM | eE | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hours |
| offending offen or offen or traumatic | 1 | Canditions, if any, which gave rise to immediate | DUE TO, OR AS A CONSEOU | JENCE OF REAL CEMIA | | 5 DA45 |
| d by the four rem iof, crem prother.) | N | cause (a), stating the underlying cause last. | | emoid CARCINOMA | | |
| en signe Then p or to bur | HOH | 54570 | emic Lupi | DEATH BUT NOT RELATED TO THE TERM | TOSUS | |
| The law | CERTIFICATI | 19s. DATE OF OPERATION | | H OPERATION WAS PERFORMED | YES NOB | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| SECULAN. TO physical | 3 | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH E P.M. | DAY YEAR 19 | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART 1 OR PART 2) |
| offends offends the this to sed M arked or | MEDIC | ZIM INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. | FARM ETC.) 211. LOCATION STREET | CITY OF TOWN | . COUNTY STATE |
| spital ar CTOR: A Harve of Heal | | 22a. I certify that (I) (this hospital saw the deceased alive an abave, (I) (we) (did) (did not) | 11/24 10 | El, and that in (my) (our) apinion of | , ta | and hour and from the causes stated |
| y the hay the hay the hay the hay the derached are Dept IT. If here | 1 | The SIGNATURE | Lustia, | M.D. ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | 22c. DATE SIGNED 1/24/8/ |
| D HOSPIT TOTAL BY TOTAL BY TOTAL BY THE ST THE ST THE ST | bu. | 22d. PHYSICIAN'S NAME (TYPE OR) | TUSTIN | 22e ADDRESS | land AVE. SAL | |
| 60 5 5 5 3 3 | 23n. B | URIAL CREMATION REMOVAL | 23b DAJE 23c | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION 2 | 4.) |

Birslue, Ms.

DHMH-16 50M 1/B1 (VRA 15, 4) told to the state of the second state of variables

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TYPE OR PRINT) PHILPOT MARCUS ANTHONY DEATH MATED 3. SEX 4. RACE IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Male AA 20 BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) Wicomico U.S.A. WIDOWED [DIVORCED Penn. ID. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS WITH FORM PM 3. RETAIN PAGE T. PAGES I AND 2 SHOULD BE FILED DIVISION OF WIAL RECORDS. 2019 Peninsula General Hospital Salisbury Laborer Poultry Ind 194 COUNTY Temperancevilles 130. STATE 13d. INSIDE CITY LIMITS? St. Rt. 1, Box 35M Accomack 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Philpot Unknown Beulah Mae 17. INFORMANT 166 SOCIAL SECURITY NO. 5-16-77 to80219-62-8275 Beulah M. Philpot Temperanceville, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Fractured Skull minutes IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURI YES NO K 210 EXTERNAL CAUSE WAS 2To HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR MONTH DAY YEAR Driver of motorcycle, ran off road. CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME, 211 LOCATION 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEE BALLIMORE, MARYLAND, 21201 PF intersection, Rt. 695 & 698, Groton, Accomac, Va. WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry Accident X Undetermined monner death resulted from: TITLE (SPECIFY) 11-2-81 Deputy 409 Camden Ave., Salisbury, Md. EXAMINER'S NAME Earl L. Royer, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Shiloh Baptist Atlantic, VA
Accomachio Date Rec'd. By REGISTRAR 256. REGISTRAR'S SIGNATURE 11-07-81 Burial 24. FUNERAL DIRECTOR **DHMH-17** C.C. Humbles Funeral Service, Va. (VR A15 ME (5) 15M 2/80

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| 1 | | | STATE OF MARYLAND | 29 1 2 | 0 12 16 | | | |
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| 1. | FOR STATE | DEPART | | GIENE & 1 | 0 4 6 3 | | | |
| Ľ | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | | | | |
| | | WIDDLE | LAST | 20. DATE OF DEATH MONTH DAY YEAR 26 HOUL | | | | |
| | ANTHUM | | PHIPPS | | 7,1921 74 | | | |
| WARE 1 | | | | | IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. | | | |
| | | | 11 19 18 | 62 YRS | | | | |
| Ta Bi | RTHPLACE TSTATE OR FOREIGN TOUNTRY) | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO | | | | |
| Sa | Lisbury | 11. NAME OF HOSPITAL, NURSIN INF NOT IN SUCH FACILITY, GIVE STREET Peninsula Get | 12b. KIND OF BUSINESS OF | | | | | |
| JUSU. | AL RESIDENCE (IF NUMBING HOME OR | | | 1 1 655 man | rrintingco | | | |
| 13a | aculand Wor | | YES NO NO | 130 STREET ADDRESS (NO | Number) | | | |
| 5 | | MIDDLE PAST | Race | MIDDLE | 41:11/2 mc | | | |
| | | | RITY NO. 17. INFORMANT | ADDRESS | 11/1/1/1/3 | | | |
| - (| YES NOOR UNKNOWN) [IF YES, GIV | 1 218 05 | 8296 Nellie C. | Phipps Girds | letree, MUL. | | | |
| | 18 CAUSE OF DEATH (Enter on | D 8V | 0 1 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| - | | E CAUSE (0) Condition | mency arest | | MINS | | | |
| | 4-100 DUE TO, OR AG A CONSEQUENCE OF | | | | | | | |
| | Conditions, if ony, which | DAYS | | | | | | |
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| _ | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | |
| ě | | | | | | | | |
| IFICA | 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \) | | | |
| ER | 71a ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21¢ HOW INJURY OCCUR | | | | | |
| | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. MONTH DA | AY YEAR | TENTER MATORE OF INJURY IN HEM IS | PART I OK PART 2) | | | |
| 8 | 21d. INJURY OCCURRED | | 211 LOCATION | | | | | |
| W. | WHILE NOT WHILE AT WORK | | ARM, ETC) STREET | CITY OR TOWN | COUNTY STATE | | | |
| | | | 11/15 1981 | | 19 F/ that (we) los | | | |
| | sow the deceased alive on | t) view the body ofter death | ond that in ((our) opinion | deoth occurred on the dote and hou | ur and from the causes stated | | | |
| | 22b. SIGNATURE | A A | DEGREE | | 22c. DATE SIGNED | | | |
| | Simula | M. ans | MD ATTENDING PHYSICIAN | MEDICAL STAFF | 11/19/51 | | | |
| | 27d. PHYSICIAN'S NAME (TYPE O | | | | | | | |
| 1 | D. M. WOO | 0 | PEHMC | | | | | |
| 23a 8 | URIAL, CREMATION, REMOVAL | 23b. DATE 23c. N | NAME OF CEMETERY OR CREMETORY | 23d LOCATION | | | | |
| | Byrial | 11-19-81 | Parsens | Salishury | Nary/and | | | |
| 24. FU | INERAL DIRECTOR | | | TE REC'D BY REGISTRAR 25 REGIST | TRANS SIGNATURE | | | |
| 1 | orman F. De | ennis Snew | Hill Md. | 1 23 1981 Franca | Jan Warther | | | |
| | MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION | 1. DECEASED NAME (TYPE OF PRINT) 3. SEX 1. DECEASED NAME (TYPE OF PRINT) 3. SEX 1. DECEASED NAME (TYPE OF PRINT) 1. DECEASED NAME (TYPE OF POREIGN COUNTRY) 1. DEATH PLACE (STATE OF POREIGN COUNTRY) 1. DEATH PLACE (TSTATE OF POREIGN COU | TI. DECEASED NAME (TYPE OR PRINT) ACTHUR 3. SEX 4. RACE CAVC TO BIRTHPLACE ISTATE OR POREIGN COUNTRY) IN CITY OF DEATH DESUBLE OF DEATH 11. NAME OF HOSPITAL, NURSING PENINSULA GEITY ONE STREET PENINSULA GEITY ONE STREET PENINSULA GEITY ONE STREET 13a, STATE 14. FATHER'S NAME (YES OND UNKNOWN) 15 CAUSE OF DEATH (Enter only one couse per line for 101, 10), on PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR SA CONSEQUE CONDITIONS OF DEATH (Enter only one couse per line for 101, 10), on PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 101, 100, on CONTRIBUTING COUSE (0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 101, 100, on CONTRIBUTING COUSE (0) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 101, 100, on CONTRIBUTING COUSE (0) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 101, 100, on CONTRIBUTING COUSE (0) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 101, 100, on CONTRI | TORCEASED NAME STATE REGISTRAR ARCE STATE OF PORTON | FOR STATE STATE | | | |

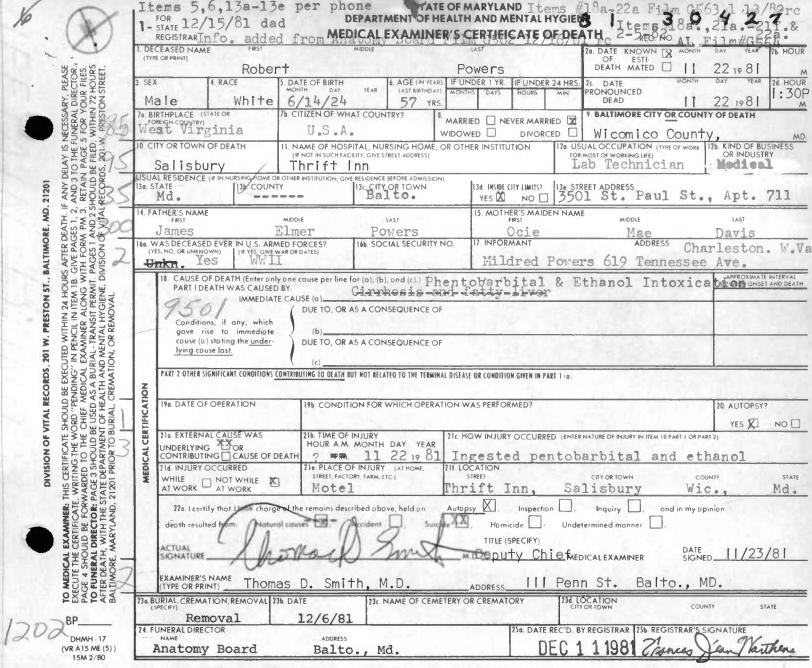
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DHMH - 16 50M 1/81 (VRA 15, 4)

| 15 | 1. | FOR STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 3 0 4 2 6 CERTIFICATE OF DEATH REG. NO. | | | | | | | |
|--|---|--|--|--|--------------|--|---------------------------|---|-----------------------|----------------------|
| oge 3 deoth | | CEASED NAME FIRST FOR PRINTS | 25 | MIDDLE H | P | RteR | Notember | MONTH DAY | YEAR | 26. HOUR H. 42 M |
| ors offer o | 3. SEX MALE | | | WHITE | | Y, PO, 19TO | 6. AGE (INYEARS LAST BE | UNDER 1 YEAR IF UNDER 24 HRS | | |
| oneral di | | IRTHPLACE (STATE OR FOREIGN | U.S | | MARRIE | | 9 BALTIMORE CITY 9 | | DEATH | MC |
| by the f | Sa | ITY OR TOWN OF DEATH | Penin | sula Ge | eneral | Hospital | 120 USUAL OCCUPAT | | 26 KIND OI NDUSTRY | BUSINESSOR |
| should be a | | 72072 | | RINCES! | | 136 INSIDE CITY LIMITS? | 13e. STREET TOPRESS | STREET | | |
| and 2 and 2 | HARRY PORTER MIDDLE LAST EMMAST DENNIS MIDDLE | | | | | | E LAST | | | |
| S. Poges 1 | 160 \ | NAS DECEASED EVER IN U.S. YES. TO UNKNOWN) (IF YES. | ARMED FORCES? GIVE WAR OR DATES) | 227-20 | | MRS RUTH | PORTER P | RINCESS | S ANN | E,MD. |
| signed by the offending p Then please remove corbons to burial, cremation, or rem njury, or other fraumatic eve | 7 | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN | (b) | DR AS A CONSEQUENCE ON TRIBUTING TO | UENCE OF | ST; ASHD | | DITION GIVEN II | N PART 110 | |
| hos been prior ene prior | CERTIFICATION | 19a. DATE OF OPERATION | 196 COND | ITION FOR WHIC | CH OPERATION | N WAS PERFORMED | 20a AUTOPSY? YES NO | 20b. IF YES, WE IN CERTIFYING YES | RE FINDING CAUSES | GS USED OF DEATH? |
| is certificate burial-transit Mental Hygi or Item 18 sh | MEDICAL CER | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFT CHEER, NOTIFY MEDICAL EXAMINATION OF CURRED | DEATH HOUR A. | OF INJURY m. MONTH m. OF INJURY | DAY YEAR | 21c. HOW INJURY OCCURI | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I | OR PART 2) | |
| se os the ealth and morked of | ME | WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has | (AT HOME ST | REET, FACTORY, OFFICE | | STREET 19 | city or to | 5 19 | COUNTY | STATE |
| TO FUNERAL DIRECTOR. should be detached for u. with the Stote Dept. of H. IMPORTANT: If them 21 is | | sow the deceased alive above, (1) was labeled and 22b. SIGNATURE 22b. SIGNATURE 22c. PHYSICIAN'S NAME (17P) | on 112 not) view the body Ben R | 19 | 81_, on | d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [27e. ADDRESS | MEDICAL STA | FF | | ouses stated |
| ₽ ₽ £ 3 <u>₹</u> | 23a. E | BURIAL, CREMATION, REMOVA | 23b. DATE 11/8/ | | | METERY OR CREMATORY SLEY CEM. | MT CITY VERI | NON, ME | YNTY | STATE |

WILSON FUNERAL HOME ADDPRINCESS ANNE,

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SALISBURY, MD.

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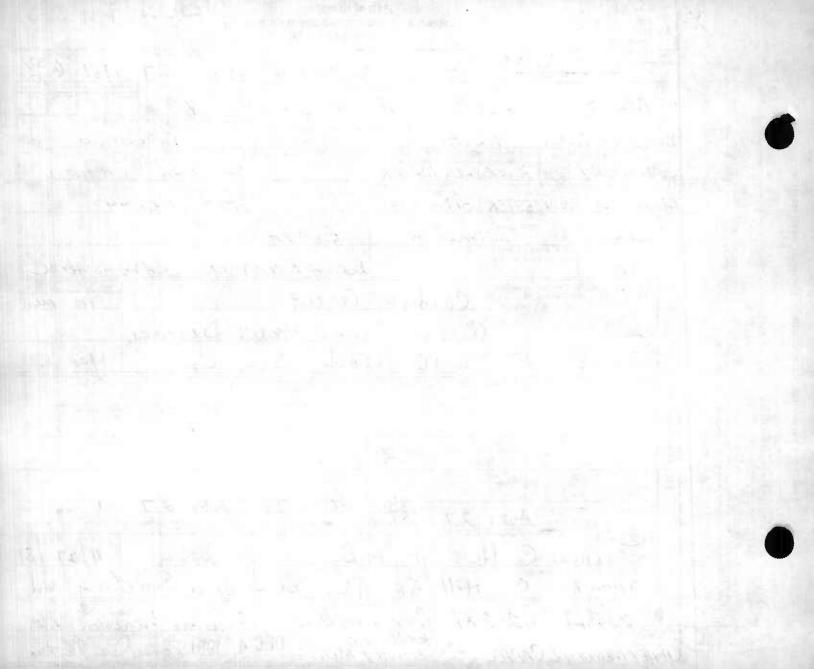
JOLLEY MEMORIAL CHAPEL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Salisbury Feminaula General Pospical

I Lat Telmyvol Dawl 30000 August 184 . 184 . St. ampt. west force Tentered Lord to the House tell wone ineau Sthel Hickey in .520 an reconstd modifie had for

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

| | | CEASED NAME FIRST | MIDDLE | | LAST | REG. NO | | AY YEAR | 26 HOU |
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| | (TYPI | Eric Eric | | R | iggin | Novembe | r 4 1 | 981 | 83 |
| | 3. SE | | 4. RACE | | OPBRITH | 6 AGE (IN YEARS LAST BIRT | | FUNDER I YEAR | IF UNDER |
| | MZ | ALE | White | 1 1 | 1/4/1981 YEAR | 0 | YRS | ONIHS DATS | HOURS |
| - | 70. B | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COL | UNTRY? 8 | | 9 BALTIMORE CITY OF | | OF DEATH | 101 |
| 14 | | alisbury, Md. | USA | WIDOW | VED NEVER MARRIED X | Wicomico | | | |
| 0 | 10. C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | NURSING HOME | | 12a USUAL OCCUPATIO | N | 12b. KIND C | OF BUSINE |
| 80 | Sa | alisbury | Peninsula | | al Hospital | (TYPE OF WORK FOR MOST OF NONE | WORKING LIFE) | INDUSTRY | |
| 20 | USU. | | OR OTHER INSTITUTION GIVE RESIDEN | ICE BEFORE ADMISSION | 1) | | | | |
| 35 | | | | sburv | 136 INSIDE CITY LIMITS? | 301 E. Ca | rrol | 1 St. | |
| | | ATHER'S NAME | | | 15. MOTHER'S MAIDEN NA | ΛĖ | | | |
| 20 | | Ralph Wil | lliam Rig | ain | Ruby | MIDDLE | mela | JO | hnsc |
| | | WAS DECEASED EVER IN U.S. A | RMED FORCES? 166. SOCIA | AL SECURITY NO. | 17 INFORMANT | ADDRES | | | |
| | No | | IVE WAR OR DATES) | | Mr. Ralph | W. Riggir | (fai | ther) | sam |
| | | 18 CAUSE OF DEATH (Enter o | anly one course per line for (n) | th) and ici | | | | | IMATE INTE |
| | | PART I. DEATH WAS CAUS | ED BY: | DIAC | ARREST | | | BEIWEEN | - CNSET AND |
| | | MATA | ATE CAUSE (a) | Direc | 71. 72.00. | | | | |
| | | Conditions, if ony, which | | MANY Y | ADVICA | | | - | MIN |
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| | CATION | gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A SOL | NSEQUENCE OF EMPTON BU | | IN AL DISE ASE OR COND | 20b. IF YES, | N IN PART 10 | o' |
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| 99 | | gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK SOW the deceased olive or so the deceased olive or sow the deceased olive or sow the deceased olive or so the deceased oli | DUE TO, OR ASCASON (c) CONDITIONS CONTRIBUTIN 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, | NSEQUENCE OF NG TO DEATH BU WHICH OPERATIO TH DAY YEAR 19 OFFICE, FARM, ETC.) | ON WAS PERFORMED 21c, HOW INJURY OCCURR 211, LOCATION STREET | 200 AUTOPSY? YES NO CONTROL NATURE OF INJURY CITY OR TOW | 206. IF YES, IN CERTIFY YES IN ITEM 18. PAR | WERE FINDING CAUSES COUNTY | NGS USEE OF DEAI NO [|
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| 99 | WEDICAL WEDICAL | gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE OBOWE, (I) (we) (did) (did not 12b. SIGNATURE . | DUE TO, OR AS A SOLO (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON' P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OR PRINT) OR PRINT) CONDITIONS CONTRIBUTION 196 CONDITIONS CONTRIBUTION 216. TIME OF INJURY HOUR A.M. MON' ON JOINT CONTRIBUTION OR PRINT) | NSEQUENCE OF NG TO DEATH BU WHICH OPERATIO TH DAY YEAR 19 OFFICE, FARM, ETC.) I from 19 23c. NAME OF 6 | 21c HOW INJURY OCCURR 211 LOCATION SIREET DEGREE ATTENDING PHYSICIAN | 200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN 230 LOCATION CITY OR TOWN | 20b. IF YES, IN CERTIFY! YES IN ITEM 18. PAR 1. 15 e and hour co | WERE FINDING CAUSES COUNTY COUNTY 224. DATE | NGS USEC OF DEAT NO [|

Salisbury,

DHMH - 16 50M 1/81 (VRA 15, 4)

BP___

124 2 3000 Seliabury - Peninania Ceneral Mospital - Wandeling - STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

LAST Thomas G. Rippon, same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN SALISBURY Dorchester Mem. Pk. Airey, Cambridge, Dorc (SPECIFY) buria] 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Curran Funeral Home, 308 High St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ?

CERTIFICATE OF DEATH

2h HOUR

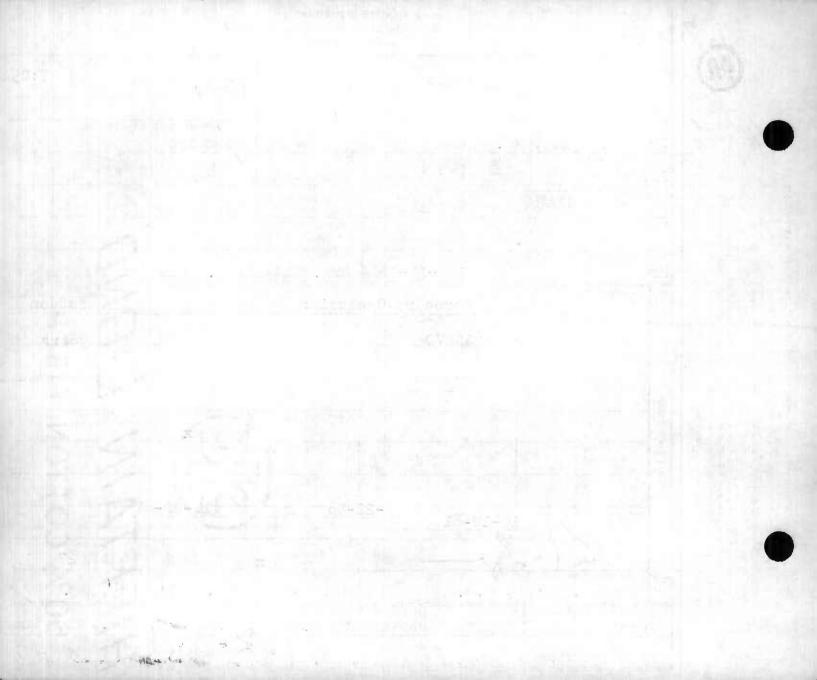
176 KIND OF BUSINESS OR

-Peninsula General Hospital

HOLLOWAY FUNERAL HOME, Salisbury, Md.

(VR A 15 (4))

STATE OF MARYLAND

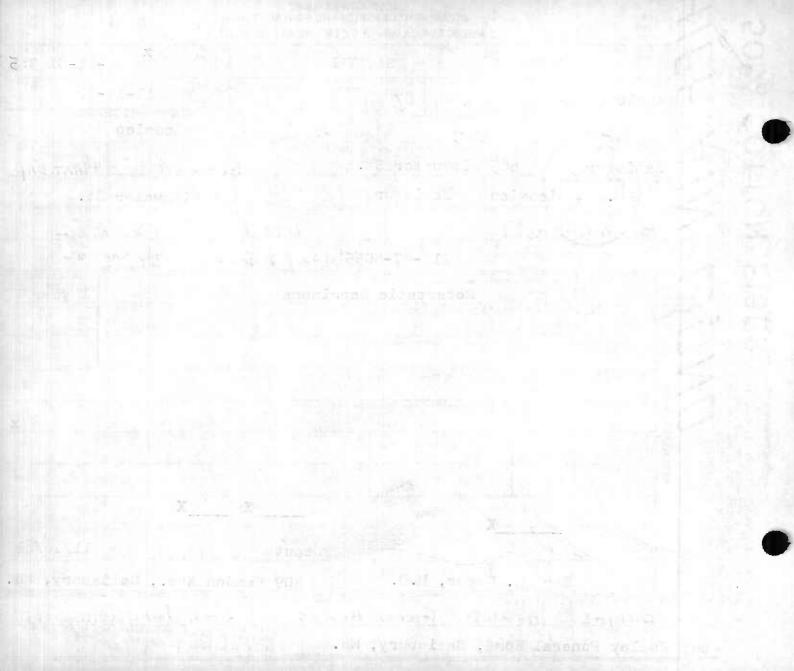


| 1000 | | | | | | | E OF MARYLA | | £2 a | Black | 13 | -9 |
|---|---------------|--|-------------|----------------------|---------------------------|------------|---------------|---------------|--|----------------|-----------------------|--------------------|
| | 1. | FOR STATE REGISTRAR | | | DEPART | | EALTH AND A | | REG. NO | ٥ | U 4 | 3 4 |
| 1 | | | FIRST | , | AIDDLE | | AST | | 20 DATE OF DEATH | MONTH D | | 2b HOUR |
| ta | ITYP | ROLAN | ID | | Ζ. | SAN | GER | | November 21 | , 198 | 1 | 7:45 P. |
| 1 | 3 SE | | | 4. RACE | | 5. DATE C | F BIRTH | | 6. AGE (IN YEARS LAST BIRT | HDAY | IF UNDER I YEAR | IF UNDER 24 HRS |
| (A) | 1 | ale | | Caucas | | June | 1 DAY | 1909 | 72 | YRS | ONIHS DAYS | HOURS MIN. |
| 35 | 70 B | IRTHPLACE (STATE OR FOR | REIGN | | WHAT COUNTRY? | | NEVER N | | 9 BALTIMORE CITY OF WICOMICO | COUNTY | OF DEATH | |
| 1 300 | 10.0 | Maryland ITY OR TOWN OF DEATH | | U.S | · A . HOSPITAL, NURSIN | WIDOWE | | ORCED | | | | MD. |
| 1// | | alisbury | 1 | | ead Cent | | K OTHER INST | ITUTION | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Farmer | | INDUSTRY | F BUSINESS OR |
| 191 | USU 13e. : | AL RESIDENCE (# NU. | OME OR | | GIVE RESIDENCE BEFORE | | 13d INSIDE CI | ITY HAAITS? | 134 STREET ADDRESS | | | |
| 100 | | Md | | 1bot | Eastor | | YES. | NOX | R.D. 3 | , Box | x 240 | |
| in Don | 14. F/ | ATHER'S NAME | | MIDDLE | | | 15. MOTHER'S | MAIDEN NA | | | | |
| 10 | | William | | E. | Sange | er | M | ary | WIDDLE | | Zig | gler |
| dico | 160 | VAS DECEASED EVER IN | | MED FORCES? | 166 SOCIAL SECU | | 17_INFORMAL | | ADDRES | S | | |
| Poge medic | | YES, NO OR UNKNOWN) | (11 123 010 | E WAR ON DATES! | 219-36 | -6794 | Leil | a E. S | Sanger | East | on, Mo | 1 |
| Ders | | 18 CAUSE OF DEATH | Enter an | ly ane cause per | line far (a , (b), and | dic | | | | | APPROXIV BETWEEN C | MATE INTERVAL |
| pny n po mov ent | | | | D BY. E CAUSE (a) | eval 1 | mon | m an | teris | sclaros, 5 | | 1 67 | ·VC |
| ding or re or re | Ш | 4100 | | | AS A CONSEQUE | | / | | | | 1 | , |
| ve co | | Canditians, if any, w | which | (b) | AS A CONSEQUE | INCE OF | | | | | | |
| emo emo emo er tro | | gave rise to immed | diate | 20115 10 01 | AS A CONSEQUE | NCE OF | | | | 771 | | |
| by t bse r I, cre othe | 13 | | last | (5) | AS A CONSEQUE | NCE OF | | | | | | |
| y, or | | PART 2. OTHER SIGNIF | ICANTO | ONDITIONS CO | NTRIBUTING TO | EATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR COND | ITION GIVE | N IN PART 11c | |
| The Trial | CERTIFICATION | | 400 | led 1 | Work | 1:00 | lonk | noti | m | | | |
| prio 7 | CAT | 190 DATE OF OPERATIO | N | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFOR | RMED | 200 AUTOPSY? | 20b. IF YES, | WERE FINDIN | GS USED |
| t per | TIF | | | | | | SACT | | YES X NO | YES | ING CAUSES | OF DEATH? |
| Hyg Hyg 8 sh | CER | 210 ACCIDENT WAS UNDER | | | FINJURY M. MONTH DA | V VEAD | 21c HOW IN. | JURY OCCURE | RED (ENTER NATURE OF INJURY | IN ITEM 18 PAI | RT 1 OR PART 2) | |
| Mental | AL | OR CONTRIBUTING CAU | | | | 19 | | | | | | |
| A We | MEDICAL | 21d INJURY OCCURRED | | 218 PLACE | OF INJURY | | 211. LOCATIO | N | CITY OR TOW | | COUNTY | |
| s the | Σ | WHILE NOT WHILE | | (AT HOME STR | EET FACTORY, OFFICE, F | ARM, ETC) | SIKEEL | | CITYONTON | ~ | COUNTY | STATE |
| a se o | | 220.1 certify that (1) (th | his haspi | to) attended the | deceased fram_ | 10/ | 27 | 19 0 | November | 5/1 | 2 81 | that (I) (we) last |
| of H of H 21 is | .00 | saw the deceased above, (1) (we) (did | | | | P/, or | d that in (m) | (aur) apinian | death accurred an the da | e and have | and fram the | auses stated |
| REC ppt. fem | | 22b. SIGNATURE |) tero no | TT view the blody | offer death. | | DEGREE | | | | 22c. DATE S | SIGNED |
| e De la | Ð | | | Heir | 4 | | | TTENDING | MEDICAL STAF | h/ | 11/2 | ~40/ |
| Stored | 13 | 22d PHYSICIAN'S NAM | E LIABE O | 7 | 1 | | 22e ADDRESS | PHYSICIAN [| DIRECTOR PHYSICI | ANL | 11/2 | 2/4 |
| should be di with the Sto IMPORTANT | | I. J. Hwan | | | (/ | | Deer's | Head (| Center, Sali | sbury | , MD 21 | .801 |
| | 23o [| BURIAL, CREMATION, RE | MOVAL | 111000 | | | EMETERY OR C | | 23d LOCATION CITY OR TOWN | | COUNTY | STATE |
| - | - | Burial | | 11-28 | -81 Fa: | irvi | ew Cem | etery | Cordova | T | albot | 21Md |
| 16 50M 1/81 | | UNERAL DIRECTOR | | | ADDRESS | | | 250 BA | FREC'D. BY REGISTRAR | 2 China | 30 places | IRE LINE |
| RA 15, 4) | Ne | wnam Fune | ral | Home | East | on, l | 1d. | *** | 9 9 9 1901 | 2.400 | -000 | |

and the first of the state of t Desir's Hour Company Date of states Content, 2011 where, wh 20301

| 1 | 1 | FOR | D | EPARTMENT OF HE | ALTH AND MENTA | L HYGIEŅĘ | 3 0 | 1 3 m |
|-------|-----------------------|--|----------------------------|---|-------------------------------|--|-----------------------|---|
| | 1. | STATE REGISTRAR | | | R'S CERTIFICATE | OF DEATH | EG. NO. | 0 0 |
| | | CEASED NAME FIRST | | MIDDLE | LAST | 2a. DATE KNOV | NN T MONTH | DAY YEAR 2b. HO |
| | (11) | MAE | BEL | SAT | CHEL | OF EST DEATH MATE | ED 0 11- | -14, 81 3: |
| | 3 SE | | 5 DATE OF BIRTH | 6. AGE (IN YEARS | IF UNDER 1 YR. IF UND | DER 24 HRS. 2c. DATE PRONOUNCED | MONTH | DAY YEAR 24 H |
| | | emale AA | | 894 87 YRS. | MOVING DATS HOURS | DEAD | 11-14- | -OT |
| 2 | | IRTHPLACE (STATE OR DREIGH COUNTRY) | 76 CITIZEN OF WHA | AT COUNTRY? 8. | MARRIED NEVER MA | DDIED | CITY OR COUNTY | OF DEATH |
|) | 11.0 | VA | UST | | | | omico | |
| 1 | | TY OR TOWN OF DEATH | (IF NOT IN SUCH FACE | ITAL, NURSING HOME, C LITY, GIVE STREET ADDRESS) tzwater St | OR OTHER INSTITUTION | 12a USUAL OCCUPATIO FOR MOST OF WORKING LII | N (TYPE OF WORK 1) | 26 KIND OF BUSINES OR INDUSTRY |
| _ | | Salisbury ALRESIDENCE (IF IN NURSING HOME | | | • | Retired | 1 | PLANT. EN |
| 1 | 13a. S | TATE Md. 13b. COU | NIY Comico | Salisbury | YES NO | 102 50 | weten S | St. |
| | 14. F | ATHER'S NAME | | L | 15. MOTHER'S MA | | Waver L | 50. |
| 6 | | BERNArd | Reid | LAST | FIRST | MIDDLE | 1700110 | LAST |
| 1 | | VAS DECEASED EVER IN U.S. AI | RMED FORCES? | 166. SOCIAL SECURITY N | O. IT INFORMANT | ADI | DRESS | VING |
| | (1 | ES, NO, OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | 219-07-60 | 55 MARY | S. Sones | Add. SAM Above | IEAS |
| | | 18 CAUSE OF DEATH (Enter o | nly one cause per line fr | | | | 110006 | APPROXIMATE INTERV |
| | | PART I DEATH WAS CAUS | | tastatic | Carcinoma | | | L year |
| | - | 1991 | | S A CONSEQUENCE OF | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | - | Conditions, if any, which | | | | | | |
| | | couse (a) stating the under | | S A CONSEQUENCE OF | | | | |
| | | lying cause lost. | (c). | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERMINA | OISEASE OR CONDITION GIVEN IN | PART 1 (a). | | |
| | ON N | | | | | | | |
| 7 | CAI | 19a. DATE OF OPERATION | 19b. CONDITIO | ON FOR WHICH OPERAT | ON WAS PERFORMED? | | | 20 AUTOPSY? |
| Par I | E | | | | | | | YES NO |
| 3 | MEDICAL CERTIFICATION | 110. EXTERNAL CAUSE WAS | 21b. TIME OF I | MONTH DAY YEAR | 21c. HOW INJURY OCCUP | RRED (ENTER NATURE OF INJURY IN I | TEM 18 PART 1 OR PART | 2) |
| | ICA | UNDERLYING OR CONTRIBUTING CAUSE OF | | 19 | | | | |
| | MED | 214 INJURY OCCURRED WHILE NOT WHILE | | INJURY (AT HOME, RY, FARM, ETC.) | TIF LOCATION STREET | CITY OR TOWN | COUN | NTY STA |
| | | AT WORK AT WORK | | | | | | |
| | | 22a. I certify that I took char | ge of the remains descr | ibed obove, held on | Autopsy . Inspec | tion X, Inquiry X. | and in my apin | nion |
| | 100 | death resulted from: No | oral causes X. A | Accident , Suicid | e , Homicide | Undetermined monner | | |
| f | | // | 2. 1 | | TITLE (SPECIFY) | | | 33 /3/ 10: |
| _ | | ACTUAL SIGNATURE | 115 | | M.D. Deput | MEDICAL EXAMINER | DATE | 11/16/8 |
| 2 | - | EVALUEDE NAME TO | X | W D | | | | |
| | | PIPE OR PRINT | l L. Roye | r, M.D. | ADDRESS 409 | Camden Ave | ., Sali | sbury, Mo |
| | 23a.B | URIAL, CREMATION, REMOVAL | | 23c. NAME OF CEMET | | 23d LOCATION | COUNT | Y STATE . |
| | | BURIAL | 11-21-81 | GREEN | | SAlist | JURY W | requested |
| | | UNERAL DIRECTOR | ADDRESS C | 1 - 7 2 -1 | 25a. DA | TE REC'D. BY REGISTRAR 256 | MEGISTRAN CANCOO | STATURE LINE |
| ٠, | J | oThey Funera | I Home, S | allsoury, | Ma. | NOV 201981 6 | D. | 11.00 |

STATE OF MARYLAND



| A | | STATE OF MARYLAND | |
|--|--|--|--|
| | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 3 0 4 3 0 |
| | REGISTRAR | CERTIFICATE OF DEATH REG. NO. | |
| | 1. DECEASED NAME (TYPE OR PRINT) | MIDDLE LAST 20. DATE OF DEATH MON | 20 110011 |
| density of | | ON K. SMITH NOVEMBER | 3 1981 115/AM |
| 100 | 3. 5EX | 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY | |
| (3VI) | MALE | MIHITE Aug 9, 1908 73 | YRS DATE HOURS MIN. |
| 1/1 | To BIRTHIR ACE ESTATEORIGE | 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR CO | OUNTY OF DEATH |
| 1 2V | PENN. | V, S. A. WIDOWED DIVORCED Wicomic | O MD. |
| he k | 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | PKING OF BUSINESS OF INDUSTRY |
| by t | Salisbury | Peninsula General Hospital | Ket Tobseco (0 |
| d be | USUAL RESIDENCE (IF NURSING HO) | NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DUNTY 134, TITY OR OWN 138. INSIDE CITY LIMITS? 130 STREET ADDRESS | . 1 |
| fille hould be a second | 1119. 11 | ICEMICO DAJISBURY NOX CRESTUS | od Circle Rt7 |
| 16 (3 d2 | 14. FATHER'S NAME | MIDDLE MIDDLE MIDDLE | TPAL |
| dwo ou | (MAR/KS | Smith MARY | DREW |
| ages ages edical | 160 WAS DECEASED EVER IN U.S. | | |
| S. Pag | 123 11 | SOVEWARDED 217-10-2423 LOUISEB-Smith | SYME. AS 13C. |
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| | 5 | 1 | STATE OF MARYLAND |
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| 9 | 7 | 1. | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF STATE |
| | RA. | | REGISTRAR CERTIFICATE OF DEATH REG. NO. |
| | · CANA | | CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOULD |
| | | 2.55 | Elizabeth E, SPENCER NOVEMBER 4 1981 9-FM |
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| DIVISION OF VITAL RECORDS. | y in T | CERTIFICATION | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? 2016 IF YES, WERE FINDINGS USED |
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| O | PHYSIP ending this ce buring d Aer d or the | MEDIC | 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION |
| INISI | ter the | ¥ | WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE |
| ٥ | or of or of se os t ealth o | | 20a.1 certify that (I) (this haspital) attended the deceased from 10-9- 19-51, to 11-61, 19-51, that (I) (me) lost |
| | ATTENI aspital eCTOR: d for us t, of He m 21 is | | sow the deceased alive an |
| | 8 4 9 9 9 P | | 27b. SIGNATURE DEGREE 22c. DATE SIGNED |
| | 3 f 3 f 2 f 2 f 1 | | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [] 11-4-51 |
| | HOSPITAL Inned by the FUNERAL Suld be dett h the State | | 22d PHYSICIANS NAME (TYPE OR PRINT) 22e ADDRESS |
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| | E n L n y Z | 23a. 1 | BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OF CREMATORY 23d, LOCATION YORKOWN STATE |
| | BP | | Burial 11-7-81 All Hallows Episcon Snow Hill Maryland |
| (| DHMH - 16 50M 1/81 (VRA 15, 4) | 74 F | UNERAL DIRECTOR 250. VATE REC'D. BY REGISTRAR 256 REGISTR |
| | , , -/ | / | Vorman F. Dennis Snow Hill, Md. NUV 9 1981 Janes Ven Tarther |

Elicaber D. L. Steller K. Marke Willey J. W. T. B. France Hilliam Strange State outsouth which was a second on the second on Best bourse - Denignate Conegal Hospital / Milley Tall - Car Conegal Donal S. Millings Soft Sandle Comment - All Marie - Land Wallet D. Walland Township Page Sures of the contract of the state of the st

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

Jenes Louise Jones . Hward T. Parleton, Chance, Md. buriel 11/19/81 Rock Greek Gamesery Charge 191. 3, Box 350

| 1 | - | | | | | | MARYLAND | LUVOIENE | 2 1 | 2 4 4 | a |
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| 7 | 1- | FOR STATE | | | | | H AND MENTA | | 0 | J " " | 9 |
| | | REGISTRAR | FIRST | | MEDICAL EXA/ | NINEK.2 | CERTIFICATE | | REG. NO. | | |
| Report | | CEASED NAME E OR PRINT) | | vard | Rodda | Ta | ylor | 20. DATE KN OF DEATH M | NOWN MON | 1-6-81 | 10:20 |
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| 3555 | | | White | 10 | 30 1899 8 | 2 YRS. MON | THS DAYS HOURS | MIN. PRONOUNCE | 11-0 | 19 | 11:50 |
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| O O STEELE | | Salisb | ury | 506 F | HOSPITAL, NURSING I CH FACILITY, GIVE STREET ADD Hammond S | t. | HER INSTITUTION | FOR MOST OF WORKIN | 4G LIFE) | PRODUCE | STRY |
| ANY D ANY D AND 3 RETAIN HOULD RECORD | USUA 13a S | TATE Md | IF IN NURSING HOME COUN. WICCO | or other institution ty omico | N, GIVE RESIDENCE BEFORE A | omission) WN Ury | 13d INSIDE CITY LIMIT | | mond S | t. | |
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| DEATH PAND | | THO | MAS | | TAYL | OR | A | LICE | | KINC | 5 |
| BALTIMC RS AFTER S. GIVE PA WITH FORE DIVISION O | 16a. V | VAS DECEASED ES, NO, OR UNKNOV | EVER IN U.S. AR/ | WED FORCES? WAR OR DATES) | 230-50 | | RICHAR | DTAYLOR | ADDRESS 50 | 6 HAMMI | OND S. |
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| W. PRI FUCIL ENCIL TRAN OR RE/ | - | gove rise | s, if ony, which e ta immediate stating the under- | (b)_ | | | otic Car | diovascula | r Dise | ase yea | rs |
| 201 EXA EXA ON. | | lying cous | se lost. | (c) | , OR AS A CONSEQUE | | | | | | |
| RECORDS, 201 The BE EXECUTE PENDING: 1N AEALTH AND M FEALTH AND M C. OREMATION. | NO | PART 2 OTHER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO O | EATH BUT NOT RELATED TO TH | E TERMINAL DISEA | ISE OR CONDITION GIVEN I | N PART I (o). | | | |
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| ICAL EXASTRUCTOR SHOULD DIRECTLY WILL DIRECTLY WILL DIRECTLY WILL DIRECTLY WILL WAS DEC. WARE | | SIGNATURE | and . | 14 | | / | M.D. Deput | MEDICAL EXAMIN | NER SK | TE 11-6 | -01 |
| TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE BATTER DEATH, WITH BALTIMORE, MARY | 1000 | EXAMPLER'S I | IT) Har. | | oyer, M.I | | ADDRESS 409 | | re., Sa | lisbury | , Md. |
| | 230.B | WRIAL CREMAT | ION, REMOVAL 2 | 11/8/E | PADIC | F CEMETERY | CREMATORY CREMATORY | 23d LOCATION CITY OR TOWN PARYS 17 | W Ar | COUNTY COLL BOIL | STATE 1/A |
| BP | - | UNERAL DIRECT | | ADE | DRESS | | 25NO | V 1 8 1981 | 25b. REGISTRAR | 'S SIGNATURE | |
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STATE OF MARYLAND

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| 0 | | 1. | FOR STATE | DEPAR | TMENT OF HEALTH AND MENTAL HY | GIENE O | , , , |
| | | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| | | | CEASED NAME FIRST | WIDDLE | LAST | 2a DATE OF DEATH MONTH DA | Y YEAR 26 HOUR |
| | may be page 3 er death | , | WILLIAM | B. | WALSH | NOV. 26 | 1981 2 /AM |
| | Po de d | 3 SE | Х | 4 RACE | 5. DATE OF BIRTH | | UNDER 1 YEAR # UNDER 24 HRS |
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| _1 | s offer dec by the fune iled within | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | THE KIND OF BUSINESS OR |
| 102 | | 5 | plisbury | KIVERWACK | MANOR | OWNER LOT | HAIRLY GUEN |
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| | ficate physica paper naval. | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | y one couse per line for (o), (b). | | ^ | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| DIVISION OF VITAL RECORDS, 201 | 2 0 2 0 | z | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIVEN | IN PART 1(0) |
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| , RE | has b perm ene pr | FIC | 7,4 5,112 5, 5, 5, 5, 1 | | | | NG CAUSES OF DEATH? |
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| J-V | SICIAN: 1 ng physic certificate rrial-trans ental Hyg frem 18 sh | | OR CONTRIBUTING CAUSE OF DEA | | DAY YEAR | | |
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| 1936 | TTEN Sitol For u | | sow the deceased alive on, above, UP (we) (did) (did no | Nov. 26 19 | 81. and that in (my) (our) opinion | death occurred on the date and hour o | and from the couses stated |
| W. | OR A DIRECT OF FIREMENT OF THE | | 22b. SIGNATURE | view the body after death. | DEGREE | | 22c. DATE SIGNED |
| | the Date Date Date Date Date Date Date Dat | | Hisunas. | C Kell & | 1 - M. () ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | NOV 26 1981 |
| | OSPITAL ted by the by the by the State the State ORTANT: | | 224 PHYSICIAN'S NAME (TYPE OF | PRINT) | 22e. ADDRESS | 100 000 | |
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| 60 | | | | STATE OF MARYLAND | | | |
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| shou | 14 FA | THER'S NAME | | 15 MOTHER'S MATO | EN NAME | | |
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| | | AS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIAL SECU | | | 4 | Λ |
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MALE BLACK C. L. I. L. T. MANNER WASHINGTON the second of the second of the January Color of the State

HOLLOWAY FUNERAL HOME, Salisbury, Md

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

4 1981

Vicances

- STATE

(VRA 15, 4)

REGISTRAR

and on the control of California Teninsula Ceneral Hospital

FOR

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| - | | | CEASED NAME FIRST | | MIDDLE | ı. | AST | 20 DATE OF DEATH MO | NTH DAY | YEAR | 2b. HOUR |
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| VES | 1/ | 3 SE | | 4 RACE | A. M. Coll | 5 DATE C | OF BIRTH | 6. AGE JIN YEARS LAST BIRTHDA | Y) IF UND | ER I YEAR | IF UNDER 24 HRS |
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| sicia ers. | ven | | 18 CAUSE OF DEATH (Enter an | y ane cause per | line far (a), (b), an | d ic- | | | | APPROXIM | MATE INTERVAL |
| phy pap emo | tic e | | PART I. DEATH WAS CAUSE | BY E CAUSE (a) | par | Pen | ano Tom | | | | |
| ding bon or r | nma | | 1995 | | | | | | | | |
| tenc car | trai | | Condition if any his | DUE TO, O | RASACONSEOU | ENCE OF | in due | to alove | 2 | | |
| nove mat | other | | Canditions, if any, which gave rise to immediate | (b) | | 200 | | y - R - C - C - C - C - C - C - C - C - C | | | |
| y th | 0 | | cause (a), stating the underlying cause last. | DUE TO, O | R AS A CONSEOU | ENCE OF | | | | | |
| ed belease | Jry, | 100 | | (c) | | | | | | | |
| en sign hen p | lúi Au | NO | PART 2 OTHER SIGNIFICANT C | ONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERMI | INAL DISEASE OR CONDITI | ON GIVEN IN | PART 1(o | |
| is bee | ws a | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | L IF YES, WER | | |
| te ha | sho | TIFIC | | | | | | YES NOW | YES | CAUSES | NO [] |
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| atte as t alth | E | 7.4 | AT WORK AT WORK | -1> -44 - 14 - 4 44 | | :. / . | -5 00 | 11-8 | | 71 | |
| TDI TTDI THe | 21 | | 22a I certify that (I) (this haspit saw the deceased alive an | all allenged in | Geceosed from_ | 8/ | nd that in (my) (aur) apinion a | leath accurred on the date | and how and | from the c | not (I) (we) lost |
| Spit REC J for | tem | | abave, (I) (we) (did) (did nat |) view the bady | after death. | | | scom accorded on the date | | | |
| L DI ache | <u>-</u> | ١, | 11m | 18/1 | 1111 | ne | DEGREE ATTENDING | MEDICAL STAFF | | 2c DATES | In -C1 |
| by the | Ž | -14 | 724. PHYSICIAN'S NAME (TYPE OF | ODINITI | vivo. | | PHYSICIAN [| DIRECTOR PHYSICIAN | 10 | 1100 | 26X |
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| 2 - 43 | - | 230 E | BURIAL, CREMATION, REMOVAL | 23b. DATE | 4- | | EMETERY OR CREMATORY | 236. LOCATION CITY OF TOWN | COUNT | Y | STATE |
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| DHMH-16 2 | 5M | 24. F | UNERAL DIRECTOR | 1. Later | Rt . ADDRS. | Box ' | 354 41847 | REC'D. BY REGISTRAR 256 | REGISTRAR'S | SIGNATU | JRE |
| (VRA 15, 4) | | 0 | xeroy 10.00 | COLOR | Princes | | | 10 1981 Chan | co Ja | This | Then |
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STATE OF MARYLAND

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| 70 | . BIRT | HPLACE (ST) | | 76. CITIZEN | | | RY? | 2 | IED NE | VER MARR | IED 🎾 | 9 BALTIM | ORE CIT | Y OR COL | UNTY OF | 19 | M |
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| 3 | | or town o | | Peni | F HOSPI SUCH FACI NSU | TAL, NUR: | EET ADDRESS) ener | or oth | er institu ospit | al | FOR | JAL OCCU MOST OF WOR | PATION (| TYPE OF WOR | | OR INDUSTI | RY |
| 13 | SUAL I | RESIDENCE (| IF IN NURSING HOME O | R OTHER INSTITUT | | 13c. CITY C | efore admission town | | 13d. INSIDE CI | ITY LIMITS? | 13e STR | EET ADDRE | | ox 2 | | o I III I I | |
| Ti | FATE | ER'S NAME | | MIDDLE | | | | | 15 MOTHE | R'S MAIDI | | | | <u> </u> | 1 - | | |
| 3 | E | li jah | Henry Wh | | on | U | 151 | | | rah E | Rai | | HODLE | | | LAST | |
| 16 | e. WA | NO. | EVER IN U.S. ARA | AED FORCES? | ? | 166 SOCI | AL SECURIT | NO. | 17. INFORA | MANT | | eton. | ADDRE Rt. | S | eafo | | el. |
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| 1 | | lying cous | stoting the <u>under</u> se last. | DUE TO | O, OR A | S A CONS | EQUENCE |)F | | | | | | | | | |
| | | RT 2 OTNER SIG | NIFICANT CONDITIONS (| ONTRIBUTING TO | OEATH BU | T NOT RELATI | O TO THE TERM | INAL DISEAS | E OR CONDITION | GIVEN IN PA | RT 1 (a), | | | | | | |
| | CERTIFICATION | a. DATE OF | OPERATION | 196 C | ONDITIO | ON FOR W | HICH OPER | ATION V | AS PERFOR | MED? | | | | | 20 | AUTOPSY? | 100 |
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| | ĕ 7 | INJURY O | | 21e PL | ACE OF | FINJURY RY, FARM, ETC | (AT HOME, | | CATION | | | CITY OR TO | wn | | COUNTY | | STATE |
| | | 22a. I certify death resulte | y that I toak charge | e of the remoi | 7 | ibed obov | | Autar | osy , Homic | Inspectio | _ | Inquiry ermined mo | X anner | ond in my | apinion | | |
| | A | CTUAL GNATURE_ | fal | 1/2 | 1 | | | ^ | TITLE (S De l | pecify) | MED | KAL EXAM | AINER | DA' SIG | TE 1 | 1-20 | -81 |
| 2 | E) | ANUMER'S N | NAME Earl | L. R | Буе | r, M | .D. | | ADDRESS | 109 (| Camd | en A | ve., | Sal | lisb | ury, | Md. |
| DALLIMORE, MARTICAIND, Z | (SPEC | (FY) | rial | | | | | | R CREMATO | | | ORTOWN | | - | OUNTY | | ATE |
| 24 | FUN | ERAL DIRECT | 4 | Nov. 22 | 4,19 | 81 6 | arest | own | Cemete | | Gal REC'D. BY | REGISTRA | n D | orche EGISTRAR | SSIGN | . Ma: | ryland |
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| | STATE OF MARYLAND FOR STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. |
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| 135 | DECEASED NAME FRST MIDDLE LAST ZO. DATE OF DEATH MONTH DAY YEAR ZD. HOUR, OF PERINT) BURDEL MARK WHITE NOVEMBER 21 1981 11 A. |
| L.Visit | M BLACK MONTH 18/1901 80 YRS. MONTHS DATS HOURS MIN |
| of of other | BIRTHPLACE (STATE OF FOREIGN 76). CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTRY OF DEATH MARRIED NEVER MARRIED WILDOWS 126 USUAL OCCUPATION 176 KIND OF BUSINESS OR |
| P P P | Salisbury Peninsula General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UAL RESIDENCE (IF NURSING HOW, OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) |
| | SOME SET Dr. ANNE 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS Pr. Quick m. & |
| 190 | AUGUTUS, MADIE WHITE ALCINDA MIDDLE COOPER |
| 7. Page | (VES ODRUNKNOWN) (IF YES, GIVE WAR OR DATES) 213-14.6780 LOLETTA, WHITE, Rt. 3. Bot, 55, Prance |
| re offending physici move corban pope nation, ar removol. fraumatic event, th | 18. CAUSE OF DEATH (Enter only one couse per line for 10+16), and 10.1 PART I. DEATH WAS CAUSED BY: SOLUTION ON AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate (b) |
| injury, or ather | couse (o), storing the underlying couse lost. Due to, or as a consequence of (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 |
| 8 shows ony injur | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO |
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| 1 | AT WORK AT WORK |
| m 21 is marked ar | 22a.1 certify that (I) (this haspital) attended the deceased from 11-16 1987, to 11-27 1987, that (I) (we) as we the deceased alive and 11/21 1987, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (stid Add not) view the body after death. |
| with the State Dept. of | 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/-2/-8/ |
| MPORTA | 220. ADDRESS PENINSULA GENERAL HOSPITA. C. RUDNEY LANTON SALISBURY MA 21801 |
| 23 | BURIAN REMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION STATE COUNTY STATE OF CEMETERY OR CREMATORY USING COUNTY STATE OF CEMETERY OR CREMATORY USING COUNTY STATE OF CEMETERY OR CREMATORY USING COUNTY OR CREMATORY USING COUNTY OF CEMETERY OR CREMATORY USING COUNTY OR CREMATORY USING COUNTY OF CEMETERY OR CREMATORY USING COUNTY OR CREMATORY OR CREM |
| 1/81 | Lander Romes ite T. Somerset are Practice MOV 20 200 Day REGISTRAR'S SIGNATURE |

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| 5 | | EASED NAME | E FIRS | ST. | MEI | DICAL EXAMINE | R'S CERTI | FICATE O | | REG. N | | |
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| | (TYPE | OR PRINT) | 7 | OLAZu | la | | LLIAMS | | 20. DATE OF DEATH | ESTI- | x монтн □ 11- | 6-81 2:50 |
|) [1 | | male | White | 12/2 | 4/16 | year 6. AGE (IN YEAR LAST BIRTHDAY 6466 YRS | MONTHS DAYS | | 24 HRS. 2c. DAT MIN. PRONOU DEA! | | 11-6- | 81 19 2d HOL |
| 35 | FOR | Marylai | nd | | USA | | MARRIED X | DIVORCI | | Vicom | | OF DEATH |
| 0 | | y or fown | oury | Pe | nins | | l Hosp | | FOR MOST OF WO | RKING LIFE) | PEOF WORK | OR INDUSTRY |
| 0 | 30 ST | De. | 136/20 | SUA! | STITUTION, GR | residence before admission Laurel | 1) 13d. INSIC YES [| DE CITY LIMITS? | R.D. | box 2 | 18 | |
| 3 | | Henry | | 2. | | Parker | | THER'S MAIDE Daisy | NAME | MIDDLE | Mari | velast |
| 3 | 6a. W (YE | AS DECEASED S, NO, OR UNKNO NO | D EVER IN U.S. | ARMED FOR GIVE WAR OR DA | CES? | 214 10 9540 | | ter J. | Williams | addres rd 3 | | L Del 19956 |
| | | 400 | 9 | DIATE CAUSE | (-) | ypertensiv | | | | | | years |
| | | gave ris couse (o) lying cou | | liote der- D | (b) UE TO, OR | AS A CONSEQUENCE OF | | TION GIVEN IN PAR | T 1 (a), | | | |
| | | gave ris couse (a) lying cou | SHE TO immed stating the units of the units | IONS CONTRIBUTI | (b) UE TO, OR (c) NG TO DEATH I | AS A CONSEQUENCE OF | al disease or condi | | T 1 (a), | | | 20. AUTOPSY? YES □ NO 🏔 |
| 1~1. | CAL CERTIFICATION | gave ris couse (a) lying cou PART 2 OTHER SIG 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY O | GNIFICANT CONDITION OPERATION LL CAUSE WAS OPERATION LL CAUSE WAS OR CAUSE OR CAUSE OR NOT CAUSE OR NOT NOT NOT NOT NOT NOT NOT | IONS CONTRIBUTION OF DEATH | (b) | AS A CONSEQUENCE OF BUT NOT BELATED TO THE TERMIN, ION FOR WHICH OPERA: | al diséase de condi TIÓN WAS PERF | ORMED? | T I (g).) LENTER NATURE OF IN | | 5 PART I OR PART : | YES NO 🔀 |
| BAITIMORE, MARYLAND, 21:201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | MEDICAL CERTIFICATION | gave ris couse (a) lying cou lying cou lying cou lying cou lying cou lying cou live state of the country lying contribution of the contribution of | COURRED NOT WHILE AT WORK | OF DEATH Aborder of the restriction of the restric | (b) | AS A CONSEQUENCE OF OUT NOT BELATED TO THE TERMIN, ION FOR WHICH OPERA* . INJURY . MONTH DAY YEAR 19 OF INJURY (ATHOME. | AL DISEASE OR CONDITION WAS PERFORMED IN THE PERFORMANCE IN THE PERFOR | Inspection micide (SPECIFY) |) LENTER NATURE OF IN CITY OR TO | onner . | COUN' nd in my opin DATE SIGNED. | YES NO (A) |

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FOR

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

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